CAMEROONIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

PEPFAR

Cameroon

Country Operational Plan 2023

Strategic Direction Summary

PEPFAR
20 YEARS OF IMPACT

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Acronyms

ABYM	Adolescent Boys and Young Men
ADM	Active-Duty Military
AGYW	Adolescent Girls and Young Women
AHD	Advanced HIV Disease
AIDS	Acquired Immunodeficiency Syndrome
ALHIV	Adolescents Living with HIV
ANC	Antenatal Care
APR	Annual Performance Report
ART	Antiretroviral Therapy
ARV	Antiretroviral
C&T	Care and Treatment
CALHIV	Children and Adolescents Living with HIV
CAMPHIA	Cameroon Population-based HIV Impact Assessment
CBO	Community-based Organization
CDC	U.S. Centers for Disease Control and Prevention
CLM	Community-Led Monitoring
CLHIV	Children Living with HIV
CODB	Cost of Doing Business
COP	Country Operational Plan
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
DAMA	Data Manager
DHIS2	District Health Information System

DIC	Drop-in Center
DNO	Diagnostic Network Optimization
DQA	Data Quality Assessment
DSD	Differentiated Service Delivery
DTG	Dolutegravir
EID	Early Infant Diagnosis
EMR	Electronic Medical Record
EOC	Emergency Operations Center
FP	Family Planning
FSW	Female Sex Worker
FY	Fiscal Year
GBV	Gender-Based Violence
GHSA	Global Health Security Agenda
GSM	Granular Site Management
GRC	Government of the Republic of Cameroon
HEI	HIV-Exposed Infants
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HMIS	Health Management Information System
HRH	Human Resources for Health
HTS	HIV Testing Services
IBBS	Integrated Bio-Behavioral Survey
ICT	Index Case Testing
IDP	Internally Displaced Persons

IP	Implementing Partner
IPC	Infection Prevention and Control
IPV	Intimate Partner Violence
KP	Key Population
LES	Locally Employed Staff
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Plus
MMD	Multi-Month Dispensation
MOH	Ministry of Health
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NACC	National AIDS Control Committee
NASA	National AIDS Spending Assessment
NPHI	National Public Health Institute
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PBFW	Pregnant and Breastfeeding Women
PCO	PEPFAR Coordinating Office
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
POC	Point of Care

PrEP	Pre-Exposure Prophylaxis
PVLS	Population Viral Load Suppression
PWID	People Who Inject Drugs
QA	Quality Assurance
RTK	HIV Rapid Test Kit
SABERS	HIV Seroprevalence and Behavioral Epidemiology Risk Survey
S/GAC	Department of State Office of the Global AIDS Coordinator
SIMS	Site Improvement through Monitoring System
SNS	Social Network Strategy
SNU	Sub-National Unit
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TAT	Turnaround Time
TB	Tuberculosis
TLD	Tenofovir/Lamivudine/Dolutegravir
TLE	Tenofovir/Lamivudine/Efavirenz
TPT	TB Preventive Treatment
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VL	Viral Load
WHO	World Health Organization

Vision, Goal Statement and Executive Summary

The Cameroon Country Operational Plan 2023 (COP23) encompasses Fiscal Years (FY) 2024 and 2025. Under this plan, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) team in Cameroon will implement innovative and targeted strategies to close HIV service gaps among vulnerable and key populations while continuing to work with the Government of the Republic of Cameroon (GRC), including the Ministry of Health (MOH) and the National AIDS Control Committee (NACC), donors, implementing partners (IPs) and civil society to support a sustainable, country-led response. This Strategic Direction Summary details the strategies and programming that the U.S. Government (USG) will implement in the COP23 cycle to support Cameroon to attain its 95-95-95 targets by 2025 and to end HIV as a public health threat by 2030.

Cameroon has an estimated 475,955 people living with HIV (PLHIV), which corresponds to an overall HIV prevalence of 1.65% (Spectrum 2023). The country has made remarkable progress toward achieving the Joint United Nations Program on HIV/AIDS (UNAIDS) 95-95-95 targets for HIV epidemic control. The progress is evident when comparing the results from the 2017-2018 Cameroon Population-based HIV Impact Assessment (CAMPHIA) with the most recent epidemiological estimates from Spectrum 2023. The proportion of PLHIV who know their HIV status has increased from 56% to 90%. Among PLHIV who know their HIV status, the proportion on antiretroviral therapy (ART) has increased from 93% to 99%. Viral load (VL) suppression among PLHIV on ART has increased from 80% to 89%. Taking the three 95s into account, population VL suppression (PVLS) is an important composite indicator of progress in the HIV epidemic response. It estimates the proportion of the total PLHIV population who are virally suppressed. Understanding that the third 95 target of viral suppression is attained when 86% PLHIV are virally suppressed, the number of PLHIV who are virally suppressed has increased from 41% to 79% in the past five years (see Table 1.1, Figure 1.1 and Table 1.2 below).

Despite substantial progress toward achieving the UNAIDS 95-95-95 targets in the general population, pronounced inequities remain among priority populations in Cameroon including children living with HIV (CLHIV), adolescent girls and young women (AGYW), and the key populations (KP) of female sex workers (FSW), men who have sex with men (MSM), transgender people, people who inject drugs (PWID) and people in prisons and other closed settings. In Cameroon, additional priority populations include adolescent boys and young men (ABYM) 15-34 years old, internally displaced persons (IDPs) and populations affected by insecurity in several regions of the country.

The national HIV program in Cameroon is persistently constrained by stock tensions and stockouts of essential commodities including antiretroviral (ARV) medications, and reagents for early infant diagnosis (EID) and VL testing. Over the past three years, VL coverage has consistently been less than 60% nationally due to chronic gaps in commodities. Coverage of multi-month dispensation (MMD) of ARVs has been less than 50% on average. The low MMD coverage limits implementation of differentiated service delivery (DSD) while threatening continuity of treatment and achievement of undetectable VL. Low VL coverage inhibits the ability to detect PLHIV on ART who are unsuppressed and require enhanced adherence counseling and subsequent genotyping for mutations of HIV drug resistance (HIVDR). Taken together, these

threats further contribute to increased risk of new HIV infections and severely undermine the gains made toward achieving epidemic control in Cameroon.

A major focus of the COP23 interventions is to close remaining equity gaps for priority populations with a lens toward maximizing and sustaining the gains in the HIV epidemic response. All aspects of PEPFAR Cameroon's efforts in COP23 reflect equity-based programming including in testing strategies, DSD, and prevention activities. Across all programmatic areas, PEPFAR Cameroon will redouble efforts to address stigma, discrimination, human rights, and structural barriers. Addressing the equity gaps will require addressing the underlying gaps in commodities that undermine achievement of 95-95-95 for priority populations and the general population of PLHIV, particularly viral load testing reagents to demonstrate the third target that 95% PLHIV on ART are virally suppressed. Part of these efforts will include increased advocacy with the government of Cameroon to meet its co-financing agreements for commodities in the Global Fund grant while also exploring options for the Global Fund to increase its commodities financing to close the gaps. PEPFAR Cameroon will work with key stakeholders to identify opportunities for private sector contributions to help close the gaps in commodities.

PEPFAR Cameroon plans to implement equity-focused pediatric interventions to reduce vertical transmission, increase pediatric ART coverage through intensified case finding including via a Pediatric Surge, strengthen capacity through a district-level technical assistance (TA) approach, expand DSD models for children and families, increase VL coverage and the VL suppression rate, scale-up pediatric case surveillance to improve accuracy of CLHIV estimates, and reduce preventable deaths in CLHIV. A national Pediatric Surge will be a central component to close the inequities among children. The Surge cuts across all five pillars and enablers of Reimagining PEPFAR. It will be implemented through the activation of the Government's Public Health Emergency Operations Center (EOC) centrally and in all 10 regions. In addition to testing, identifying, and linking new CLHIV who are typically missed through current interventions, the Surge further embeds a return-to-treatment campaign for CLHIV and their care givers who have interrupted treatment. The intended primary outcomes of the Surge are to: (1) reach and test 136,583 children at the community level, resulting in an estimated 2,657 CLHIV identified who otherwise would be missed through existing strategies; reach and test 5,000 previously missed HIV-exposed infants (HEI) in the community that will result in approximately 150 additional early infant diagnoses; and ensure at least 95% linkage and retention rates for all CLHIV identified during the Surge. District-level targeted technical assistance will include trainings to support non-PEPFAR antenatal care clinics, routine maternal testing and retesting, and scaling up mother-to-mother mentoring programs to enhance retention.

PEPFAR Cameroon will use enhanced approaches to reach AGYW with prevention services. These include targeting AGYW in and around hotspots, reaching them through facility-led approaches, and engaging them in IDP communities. Through a combined, integrated, precision prevention approach, PEPFAR Cameroon will provide prevention services for vulnerable AGYW, including AGYW with KP status that may put them more at risk. AGYW will be offered combination prevention interventions that conform to PEPFAR core standards and national guidance. Facility-based prevention packages will include adolescent youth-friendly services to address issues around stigma and discrimination; behavior change communication with a focus on risk avoidance; risk assessments and risk reduction counseling; targeted testing services among

vulnerable AGYW; empowerment and life skills development; universal on-demand access to sexual and reproductive health and family planning (SRH/FP) services including education on condom use and other contraceptive methods; post gender-based violence (GBV) and trauma-informed clinical care, including post-exposure prophylaxis (PEP); provision of pre-exposure prophylaxis (PrEP) to age-eligible AGYW; prevention and management of comorbidities such as tuberculosis (TB), sexually transmitted infections (STIs), and other opportunistic infections (OIs); and treatment literacy and adherence counseling for AGYW living with HIV. Community-based AGYW programming involving youth-led organizations will leverage similar strategies as employed in facility-based settings but focusing on AGYW who may be missed through facility-based services.

The ongoing Integrated Bio-Behavioral Survey (IBBS) is expected to be completed in late 2023, and able to provide up-to-date epidemiological estimates and programmatic coverage estimates that will directly inform the refinement of current strategies and activities for closing inequities among KP in Cameroon. In particular, the IBBS will shed light on inequities among sub-populations of KP and geographic areas that will become the focus of enhanced KP programming using community- and facility-based strategies. A partnership model between health facilities and community drop-in centers (DICs) will be used to implement community ART initiation consistent with national guidelines, which will improve same-day initiation and linkage rate among KP and further progress toward HIV epidemic control. Additional services such as syphilis testing and mental health screenings will be introduced for KP. At the health facility level, PEPFAR Cameroon will make enhanced efforts to address stigma and discrimination with direct input, guidance, and participation from KP-led civil society organizations (CSOs). Moreover, PEPFAR Cameroon will strengthen its support to the Penitentiary Administration to ensure high quality provision of HIV services to prisoners during COP23.

As Cameroon approaches its 95-95-95 targets, PEPFAR Cameroon will work closely with the Cameroonian government, CSOs, multilateral entities, and other key stakeholders to establish a country-led sustainability road map with a shared vision and operational plan. An important first step in the sustainability road map is establishing sustainability metrics and indicators that are specific, measurable, attainable, realistic, and timebound (SMART). These will be used to assess a sustainability framework that PEPFAR Cameroon will establish in Year 1 under GRC leadership. Part of these efforts will be to assess how systems supported by PEPFAR, UN agencies, and other partners and donors are aligned with those of the GRC, including but not limited to health information systems, supply chain systems, and other community-based systems and infrastructure. Findings from this assessment will inform harmonization of systems with a goal of enhancing sustainability and reducing duplication of efforts in the national HIV response. Joint planning, implementation, supervision, mentoring and monitoring of PEPFAR-supported programs are a priority in COP23 to strengthen ownership and sustainability by GRC. Finally, the sustainability road map will include a localization agenda for the implementation of HIV activities in Cameroon directly through indigenous organizations as principal recipients or through sub-awards alongside existing prime-award government-to-government (G2G) funding through NACC and the National Tuberculosis Control Program.

National and sub-national efforts for health systems strengthening and health security will be integrated into COP23 with synergistic benefits to the HIV program. Strategic use of the EOC

during the Pediatric Surge offers effective coordination and planning, leveraging existing personnel, monitoring, and continuous data use to recalibrate community outreach and testing strategies. The Surge presents opportunities to integrate additional child health services such as screening and referrals for childhood malnutrition and immunization regardless of HIV status. Beyond the Pediatric Surge, PEPFAR Cameroon will implement a second round of the CAMPHIA, which presents a renewed avenue to strengthen laboratory and disease surveillance systems that can lay the foundation for a National Public Health Institute (NPHI). The existing incident management structure through the national and sub-national EOCs will be further leveraged for Government-led planning, implementation, and monitoring of the CAMPHIA with strong participation from throughout the Cameroonian Government and among multi-lateral partners including the World Health Organization (WHO), UNAIDS, and UNICEF. Biological specimens collected as part of the CAMPHIA will be bio-banked and used to test for other pathogens of interest to inform broader public health interventions and policies in Cameroon.

PEPFAR Cameroon will cultivate new transformative partnerships while strengthening the depth and scope of its existing partnerships both in the public and private sectors. For instance, as part of the national Pediatric Surge, transformative partnerships will be established with private sector entities to attract in-kind services and goods (e.g., telecommunication credit, fuel) as well as with public sector entities such as local city councils to enhance local community ownership of the Surge. PEPFAR Cameroon is entering a strategic partnership with UNICEF to find synergistic approaches to improve pediatric HIV outcomes and other child health outcomes such as immunization and nutrition. This partnership will leverage existing UNICEF-led efforts to further identify undiagnosed CLHIV and link them to life-saving treatment. Engagements with local city councils and mayors will help promote HIV prevention and treatment services in their localities, including through the Pediatric Surge. Such partnerships build on ongoing decentralization efforts and strengthen local ownership of PEPFAR-supported activities in Cameroon. Similarly, PEPFAR Cameroon will renew and expand partnerships with faith-based organizations, religious leaders, spiritual leaders, traditional leaders, and traditional birth attendants.

In COP23, PEPFAR Cameroon will strategically use data and science with a dual purpose to evaluate progress in the national HIV epidemic and inform more targeted interventions for closing equity gaps and sustaining the gains towards epidemic control through the following activities:

1. Launch another round of the CAMPHIA among adult PLHIV to evaluate progress in the national HIV response and inform targeted interventions in the next phase of the response to achieve and sustain epidemic control.
2. Implement an IBBS funded by Global Fund with PEPFAR technical assistance that will transform equity focused KP programming.
3. Conduct a Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) among the military population to guide more targeted interventions and evaluate progress among this sub-population.
4. Improve the quality of recent HIV surveillance in existing sites while strengthening capacity for decentralized partner-led implementation of recency surveillance.
5. Strengthen case-based surveillance systems, including for pediatric case surveillance, to improve routine surveillance of HIV and TB.

6. Provide technical assistance for the design and implementation of a Stigma Index Assessment funded by GIZ, UNAIDS, and other partners.
7. Leverage behavioral science approaches to conduct low-cost, context-specific rapid behavioral assessments to identify barriers and opportunities related to stigma, identification, linkage, and retention.
8. Plan and implement a Prevention of Mother to Child Transmission (PMTCT) Cascade Evaluation.

Strategic enablers of community leadership, innovation, and leading with data are at the foundation of the COP23 plans outlined by PEPFAR Cameroon, including the active participation of community members to monitor the quality and delivery of HIV services through community-led monitoring (CLM). First initiated in 2021, CLM is a collaborative process involving service providers, government officials and affected communities. During COP23 CLM will be strengthened through gender-responsive approaches, on-going engagement of key stakeholders including GRC, and increased use of CLM data for decision-making. Additionally, partnerships with CSOs will be strengthened and leveraged to advocate for health equity for priority populations, including vulnerable AGYW and young men between 15-34 years old. Innovations will include "Chefferie testing" to reach men through traditional leaders, virtual granular site management for continuous program improvement, and agile, rapid outreach strategies in the Northwest and Southwest regions affected by continuing insecurity and violence. Leading with data is integral to COP23 programming, including maximizing use of routine patient data for clinical surveillance, refining KP strategies with IBBS data, and implementing a nation-wide second round of the CAMPHIA to transform the next phase of the national HIV epidemic response.

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*

Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	*Total Population Size Estimate (#)	*HIV Prevalence (%)	*Estimated Total PLHIV (#)	*PLHIV Diagnosed (#)	**On ART (#)	ART Coverage (%)	Viral Suppression (%)	**Tested for HIV (#)	**Diagnosed HIV Positive (#)	**Initiated on ART (#)
Total population	28,859,812	1.65%	475,955	429,920	424,771	89.2%	89%	2,958,765	70,310	65,536
Population <15 years	12,091,739	0.22%	26,888	11,576	11,518	42.8%	86.0%	167,169	1,926	1,922
Men 15-24 years	2,863,600	0.50%	14,255	11,148	10,832	76.0%	76.2%	263,263	2,402	2,256
Men 25+ years	5,434,520	2.40%	130,501	118,052	115,520	88.5%	90.4%	692,066	22,076	20,667
Women 15-24 years	2,857,043	0.99%	28,171	25,440	26,531	94.2%	79.1%	705,541	9,048	7,811
Women 25+ years	5,612,910	4.92%	276,140	263,704	260,247	94.2%	90.7%	1,130,726	34,858	32,877
MSM	66,842	20.7%**	13,836	blank	blank	blank	blank	14,902	1,950	1,607
FSW	112,580	24.3%**	27,357	blank	blank	blank	blank	17,029	1,493	957
PWID	blank	blank	blank	blank	blank	blank	blank	1,084	83	31
++Priority Pop (Military)	50,000	3.3%	1,650	blank	blank	blank	blank	23,626	blank	blank

*Data source is Spectrum 2023 **Data source is DHIS2 National Data for 2022 +Data Source is IBBS World Bank Report 2016 and PEPFAR APR results 2022 ++ Data Source is SABERS Report 2018 and PEPFAR APR Results 2022

Fig 1.1: People Living with HIV, Treatment Coverage, and Viral Load Monitoring Coverage

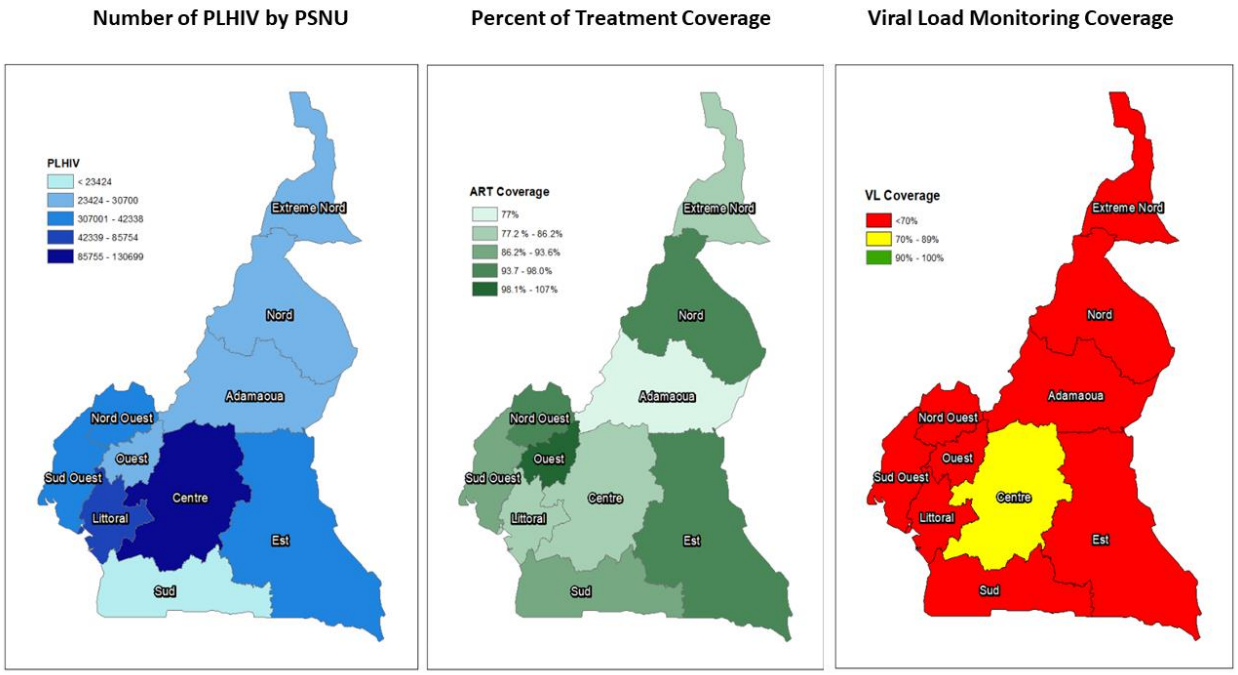


Table 1.2 Current Status of ART Saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP23	# Current on ART (FY22)	# of SNU COP22 (FY23)	# of SNU COP23 (FY24)
Attained	blank	blank	blank	blank
Scale-up: Saturation	471,147/ 95%	424,771	347 + 24 military sites	347 + 24 military sites
Scale-up: Aggressive	blank	blank	blank	blank
Sustained	blank	blank	blank	blank
Central Support	blank	blank	blank	blank
No Prioritization	blank	blank	blank	blank
Total National	blank	blank	blank	blank

Pillar 1: Health Equity for Priority Populations

In COP23, PEPFAR Cameroon will continue to align with the country's National HIV Strategic Plan (2021-2023 and the new plan currently being developed), as well as the country's 2020-2024 Five-Year Plan, and it will support the national program to provide stigma-free HIV services at health clinics, drop-in centers, and other community settings. In COP23, PEPFAR Cameroon will prioritize closing gaps and address equity by focusing on pediatrics, AGYW, key populations, young men 15-34 years old, and other priority groups with high vulnerability to HIV. PEPFAR Cameroon will work to improve demand and ensure free and unencumbered access to services. The following reflect some of the critical interventions to achieve health equity for all population groups:

- Ensure that all healthcare workers and community health workers are trained and retrained to provide person-centered, friendly, and stigma-free HIV services at all service delivery points.
- Ensure that all service delivery points have adequate space to improve privacy and confidentiality.
- Verify that both HIV service providers and beneficiaries are educated on beneficiaries' rights, including age-appropriate education.
- Reinforce that all sites have systems and procedures in place to collect, address, and incorporate the feedback of beneficiaries into their program planning, implementation, and monitoring.
- Ensure all PEPFAR-supported community and facility sites collaborate during data collection and feedback meetings on community-led monitoring activities, and that they are open and available to make changes to curb stigma and discrimination of beneficiaries.
- Ensure that all PEPFAR-supported facilities and community-based service providers meet and maintain the minimum standards of safe and ethical index testing, with special considerations for key and priority populations to limit coercion and potential intimate partner violence.
- Assist clients with voluntary partner notification and disclosure of HIV status utilizing global best practices. Provide age-appropriate education to children and adolescents living with HIV (CALHIV) and support family-centered disclosure to minimize stigma and discrimination.
- Support MOH-led communications to fight stigma and discrimination, including Undetectable=Untransmittable (U=U) messaging.
- Phase out care models that place clients in different socio-economic classes such as the "VIP" model. Ensure all facilities providing HIV testing services (HTS) respect the WHO 5Cs (counseling, consent, confidentiality, correct test results and connection to treatment).

- Implement DSD models for HIV testing, care, and treatment so that the patient receives care where and when it is most convenient to them. PEPFAR will continue to partner with GRC to ensure sufficient quantities of ARVs to scale up MMD to reduce the number of facility visits, as well as incorporate a family model, support groups, community ART dispensation, extended hours and weekend services that conform better to client situations. These services shall be effective, efficient, confidential and client centered.

- Continue to advocate with GRC for integrated health services at DIC for key populations.

- With complementary funding from the United States Agency for International Development (USAID) Human Rights Grants Program, PEPFAR Cameroon will work with the KP coalition to reduce stigma and discrimination in the health settings, including through KP-friendly training of police force, lawyers, journalists, and other stakeholders; provide safe spaces for KP at risk of violence; and implement income-generating interventions, such as seed funding for cottage businesses, for most at-risk populations including KP groups. Implementation of a Stigma Index 2.0 survey is currently ongoing with non-PEPFAR funding and findings will inform areas of additional focus in COP23.

- Expand support to build and leverage CLM as a tool to empower communities and civil society to learn about their rights, and to collect structured feedback from beneficiaries about cost barriers to access HIV services, quality of HIV services, and stigma and discrimination. CLM in COP23 will be more integrated into multiple health services, monitoring patient experience across HIV, malaria and TB treatment services, as well as stigma and discrimination. With complementary funding from other USAID programs, CLM initiatives will assist the national programs to fill data gaps and inform program implementation and policy adjustments. In addition, CLM data and processes will enable CSOs to conduct evidence-based advocacy to further advance the rights of patients to benefit from stigma-free and quality HIV, malaria, and TB services at all service delivery points.

The historic and systematic failure to achieve the UNAIDS 95-95-95 outcomes for children in Cameroon is a major equity problem. According to the most recent Spectrum estimates, 6% of PLHIV are children under the age of 15 years. Meanwhile, children under the age of 10 years account for 35% of all new infections and 28% of all AIDS-related deaths. Of the estimated 29,334 CLHIV aged 0-14 nationally, only 35% were receiving life-saving ART in 2022, which constitutes a pediatric ART gap of 17,826 (65%). PEPFAR-supported sites currently have 10,850 CLHIV enrolled in HIV care and treatment (C&T) services (DATIM FY23Q1). A major structural barrier for EID testing for HEIs is that nearly 20% of pregnant women do not attend antenatal care (ANC) for PMTCT, and about a third of all pregnant women deliver outside of health facilities (i.e., in community settings). Only 56% of HEIs had an HIV PCR test performed by two months (DATIM FY23Q1). Moreover, only 68% of identified HIV-positive pregnant and breastfeeding women (PBFW) are on ART. Suboptimal identification and management of children with advanced HIV disease (AHD) in pediatric services further exacerbates the problem, leading to preventable child deaths. Persistent stock tensions and/or stockouts of all pediatric HIV commodities (EID test kits, VL test kits, and optimized pediatric ARVs) contribute substantially to low service uptake and coverage of C/LHIV in Cameroon.

The prevalence of HIV is lower for younger adolescents but significantly higher among AGYW 18+, with females aged 15-19 years having HIV rates six times higher than males of the same age group. This prevalence is highest in the East Region, followed by the Littoral, Adamawa, Southwest and Northwest Regions. New infections among AGYW have declined from 14,689 in 2017 (CAMPHIA) to 3,276 but still currently contribute 26.5% of all new infections. Despite the high related risks among AGYW—early sexual debut, sexual abuse and violence, sex with multiple partners, transactional sex, sex with older partners, substance use, unwanted pregnancy, unprotected sex—very limited prevention, treatment and care interventions target this subpopulation; hence, the priority to direct attention to this age group in COP23.

Laws in Cameroon criminalize same-sex acts, sex work, and possession of certain drugs for personal use, as well as charges such as “attempted homosexuality” and “outraging public decency” that are frequently used against transgender people. This legal environment, in turn, makes KP highly vulnerable to violence. Gay men and transgender women have been victims of mob violence that left several dead. The 2016 key populations IBBS results among female sex workers and men who have sex with men demonstrated that KP persistently faced violence, with the most recurrent issues being blackmail (45% FSW; 23% MSM), arrest on charges related to sex work (34% FWS), being forced to have sex against one’s will (33% FSW), rape (17% MSM), and being forced to engage in same-sex acts (15% MSM). A 2018 baseline assessment report commissioned by the Global Fund noted that rigid gender norms in Cameroon were driving sexual and physical violence and abuse against KP. Cameroon’s PEPFAR implementation and the national fight against HIV are greatly impacted by policy, legal and other sociopolitical barriers. These policy and legal barriers have hindered progress towards HIV epidemic control by limiting appropriate DSD implementation; limiting access to care by key population groups; impeding health providers’ ability to provide appropriate and high-quality patient-centered care, due to constraints regarding community ART initiation, PrEP eligibility, and age of consent and access; and fueling stigma and discrimination towards PLHIV and KP. Holding the GRC accountable to its commitments while serving all its people without discrimination on the basis of age, gender or sexual orientation will aid in closing the equity gaps in the 95-95-95 cascade. In addition, addressing stigma and discrimination at all service points and throughout the health system would help enable epidemic control in Cameroon.

In a 2022 mixed-method study by the National Anti-Corruption Commission and WHO, all surveyed KP reported some form of stigma and discrimination when receiving health services in Cameroon. The study also found a high level of self-stigmatization among KP. A multi-country pilot of the Stigma Index 2.0 Survey documented continued high levels of stigma and discrimination experienced by PLHIV in Cameroon, including internalized stigma, high rates of stigma and violence against KP PLHIV, and stigma-related delays in seeking testing and engaging in care. In addition, the 2018 Demographic and Health Survey found that 39% of women and 49% of men in Cameroon have discriminatory attitudes against PLHIV. In recent years, discrimination against PLHIV in health facilities seems to be declining, but stigma persists in other areas including housing, education, and work. Relatedly, people who inject drugs are one of the most stigmatized groups in Cameroonian society, resulting in limited access to services. Previous efforts such as the ministerial decree in 2015 supporting the creation of care, follow-up, and addiction prevention proved to be insufficient to ensure adequate and equitable care for PWID in Cameroon.

Plan to Close Gaps in the Pediatric Cascade

To attain 95-95-95 targets by 2025 and eliminate HIV as a public health threat by 2030, HIV interventions for children and adolescents must accelerate progress in identifying positive CALHIV, linking them to treatment and ensuring retention and viral suppression. PEPFAR Cameroon will implement new and strengthen existing strategies to reach children and adolescents as described below.

Reducing Vertical Transmission: PEPFAR Cameroon will improve care for HIV-exposed infants by targeting 95% EID at two months and strengthening capacity to provide care and prophylactic services for HEIs in PEPFAR sites through DSD service delivery package and through the district TA approach and also during the pediatric surge. HIV prophylaxis will be offered to all HEIs through improved identification and tracking systems. PEPFAR Cameroon will continue to advocate and support the expansion and equitable redistribution of point-of-care (POC) testing for EID and create a network of health facilities around EID testing to reduce the turnaround time (TAT) for test results and initiation of ART for HEI diagnosed with HIV. PEPFAR Cameroon will work closely with the supply chain partner to procure and ensure continuous availability of EID and VL cartridges for EID testing and strengthen sample transport systems to support EID, VL and TB uptake and testing TAT through a hub and spoke model. For HIV+ children identified through EID, diagnosis will be confirmed at 9 months, 18 months or three months after breastfeeding stops before ART initiation. Finally, PEPFAR Cameroon will scale up longitudinal monitoring of mother-baby pairs through cohort monitoring to enhance EID uptake for all HEI and initiate a Pediatric Surge.

Pediatric Surge to Identify, Link, and Retain CALHIV: In COP23, a national Pediatric Surge will be a hallmark activity for closing treatment gaps among children. The Pediatric Surge is a standalone multi-strategy approach to intensify case finding and advance ART coverage, with a heightened community focus different from the routine facility interventions previously described. The objective of the Pediatric Surge is to accelerate progress toward 95-95-95 in Cameroon by rapidly increasing the overall number of CLHIV linked to care, increasing pediatric ART coverage from 11,508 (48%) in March 2023 to 22,954 (95%) by December 2024. Among adolescents, the goal is to increase ART coverage from 12,600 (45%) in March 2023 to 26,600 (95%) by December 2024. The surge will engage the EOC and be implemented among health districts in the 10 regions that account for 80% of pediatric ART unmet needs in PEPFAR supported districts. During this period of activation PEPFAR Cameroon will implement first, second and third 95 strategies across all PEPFAR-supported districts. PEPFAR sites will report through DATIM and non-PEPFAR sites will report through the national District Health Information System (DHIS2). Due to the increase in testing, this community-based testing approach is expected to have low yields and will be targeted towards finding and testing children born to HIV+ women in the community and those with treatment interruption.

Operation Triple Zero (OTZ) Strategy: PEPFAR Cameroon will implement the OTZ Strategy for children and adolescents on ART through networking with associations of CALHIV in Cameroon. OTZ aims to ensure (1) Zero missed appointments; (2) Zero missed drugs; and (3) Zero detectable viral load. The goal is to improve treatment outcomes for adolescents and young

people (10-24 years) living with HIV through implementation of asset-based approach which aims at identifying the strengths in this population and engaging, them as active participants in their care and well-being.

PEPFAR will expand high quality HIV services for CALHIV in Pediatric Training Centers of Excellence (PTCE) by operationalizing a District Hub and Spoke Approach (DHSA) using a mentorship model. Each district hospital will be upgraded to a PTCE hub and will mentor other pediatric ART sites within the health district as spokes and align the Orphans and Vulnerable Children (OVC) Program to the expanded district approach. PEPFAR will strengthen and support implementation of an HIV package for CALHIV, including linkage and same day ART initiation, optimized pART facility and community DSD models, pediatric AHD package including pediatric TB screening and treatment, mental health care for CALHIV and caregivers, adolescent- and youth-specific HIV/STI/SRH/TB prevention package, transitioning guidelines, integrate pediatric HIV into management of childhood disease package including nutritional support, child friendly corners and support groups.

OVCs 10-14 years will be reached with primary prevention services with messaging focused on risk avoidance and sexual and gender-based violence prevention. The package of services included here would be:

- Age- and sex-appropriate HIV prevention and SRH education
- Life skills development
- Promotion of positive gender norms
- Sexual and gender-based violence prevention education
- Economic skills development

District TA Approach for Pregnant and Breastfeeding Women

In Cameroon, mother-to-child transmission (MTCT) remains the main cause of HIV infection in children. Significant progress has been made in recent years to keep the mothers alive and to reduce MTCT, but elimination of HIV transmission from mothers to their children remains a challenge.

Critical Gaps: The primary challenge includes the need to coordinate and decentralize interventions in all health facilities, especially non-PEPFAR sites as PEPFAR-supported sites comprise only 20% of total facilities. Specific challenges include inadequate task shifting to community actors, low EID coverage by two months, retention of the mother-baby pair in the continuum of care, linkage of positive children to care including low viral load testing coverage, less focus on prevention among pregnant and breastfeeding AGYW, and low partner testing. Despite these challenges PEPFAR-supported sites perform well toward PMTCT, with the need to scale interventions.

Strategies to Improve PMTCT Uptake: To operationalize PMTCT services nationally and guide the Cameroon PMTCT program towards eliminating MTCT, PEPFAR will adopt a targeted district-level technical assistance approach that holistically strengthens sites offering PMTCT services to close the gap in coverage and reach children with testing and treatment. PEPFAR TA will include

training and mentoring of trainers at the district level to support non-PEPFAR sites to offer a comprehensive HIV prevention, treatment and care package for PMTCT and an OTZ plus package of service for pregnant and breastfeeding adolescent girls and young women (PBF AGYW) at antenatal care clinics. PEPFAR-supported sites will mentor non-PEPFAR sites to implement best practices reported in the PEPFAR program, including TA for routine maternal testing and retesting; how to integrate HIV and syphilis testing for dual elimination; training on optimized lifesaving ARVs/ATBs for HIV+ PBFW and syphilis; teaching staff how to scale up mother-to-mother mentors to enhance ANC and retention, as well as longitudinal monitoring of mother-baby pairs through cohort monitoring; HIV testing for partners of PBFW and index case testing (ICT) for partners and biological children of HIV+ PBFW; and retraining clinical staff on U=U messaging and communication to reach elimination of MTCT. Through the district approach, PEPFAR teams will also build partnerships with district health services, faith-based organizations and CSOs to strengthen community interventions and support innovations and data collection. PEPFAR's district TA approach will also focus on PBFW in underserved and hard-to-reach communities, IDPs in insecure areas, and AGYW, while also prioritizing regions with the lowest ANC coverage rates.

Plan for AGYW Services

The PEPFAR program will support the GRC in the implementation of its HIV prevention strategies for vulnerable AGYW, with a focus on behavior change interventions. PEPFAR Cameroon will also train youth-led community-based organizations (CBOs) to provide mentoring support to AGYW, including community mobilization and the engagement of Peace Corps volunteers to support local youth CBOs where possible.

In COP23 PEPFAR Cameroon will target three categories of AGYW and reach them with a differentiated package of prevention, treatment and care services (including PBF AGYW): those who are not sexually active, sexually active AGYW, and those who engage in transactional sex. The three main intervention approaches include (1) reaching AGYW in high HIV-burden areas such as DIC, around hotspots and universities, (2) reaching AGYW in health facilities, including those who are pregnant and or breastfeeding, and (3) reaching AGYW in IDP communities. PEPFAR Cameroon will provide a combined, integrated, precision prevention approach for these at-risk AGYW according to PEPFAR core standards and national guidance both at health facilities and in community settings. Adolescents and young people reached through prevention services will be screened and offered HIV testing when eligible.

Currently, per GRC guidelines PrEP is only authorized as a pilot program for MSM and FSW 21 years of age and older in a limited number of geographic locations. In COP22, PEPFAR funded an evaluation of the PrEP program that included a feasibility assessment of PrEP among AGYW and serodiscordant couples. Findings from this evaluation will inform the continuing needs and challenges regarding PrEP utilization among MSM and FSW, as well as the possibility of making PrEP available to other HIV negative high-risk groups such as AGYW and expanding access across the country in COP23. This geographic and population expansion will follow a stepwise approach, prioritizing implementation sites with the largest number of PLHIV in their treatment cohorts and pregnant and breastfeeding AGYW. PEPFAR will also consider PrEP implementation at clinics with smaller treatment cohorts but a significant client base of AGYW, or AGYW who

seek PEP on a recurring basis, especially health facilities in insecure areas. In COP23, PEPFAR Cameroon will continue to assess the gaps in PrEP implementation and work with NACC and other key stakeholders towards closing these gaps.

Health Facility Prevention Package: The facility-based package will include:

- Creation of adolescent- and youth-friendly safe spaces for implementation of adolescent-tailored prevention services to address stigma and discrimination, including training of healthcare providers
- Behavior change communication, with a focus on risk avoidance
- Empowerment and life skills development
- Risk assessments and risk reduction counseling
- Universal on-demand access to SRH/FP education and services, including condom distribution and other contraceptive methods
- Positive parenting interventions
- HIV testing and counseling
- Post-GBV and trauma-informed clinical care, including PEP
- PrEP as permitted for those who are age-eligible per national guidelines
- Prevention and management of comorbidities including TB, STIs and other OIs
- Treatment literacy and adherence for adolescents living with HIV (ALHIV)

OTZ plus package of services for HIV+ PBF AGYW will specifically include the following:

- OTZ plus training for HCWs and Adolescent Champions
- Treatment literacy
- Prevention services including cervical cancer screening and GBV services
- Voluntary and ethical partner testing and disclosure to partner and family
- Child health services, including infant prophylaxis, immunization, nutrition with safe infant feeding practices and weight monitoring
- Sexual and reproductive health services
- Mental health
- Leadership, effective participation, life skills and substance abuse.

Community Prevention Package: The community-based package will include the following, adapted to IDP communities and hotspots:

- Age- and sex-appropriate HIV prevention and SRH education
- Social and behavior change interventions and behavior change communications, including risk avoidance
- Condom programming, including distribution and education
- Empowerment and life skills development
- HIV risk assessment, risk reduction counseling and referral to HTS
- Promotion of positive gender norms
- Sexual and gender-based violence prevention education and post-GBV support
- Positive parenting skills and self-efficacy

- Educational, nutritional support
- PrEP as permitted, including prevention and screening for comorbidities (TB, STI and OIs)
- Treatment literacy and adherence for KPLHIV and ALHIV
- Scaling up community mobilization for AGYW living in and around hotspots
- Household economic strengthening

Plan for Orphans and Vulnerable Children

OVC are defined as children who have lost a parent to HIV/AIDS, who are otherwise infected or affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects. PEPFAR Cameroon is implementing two programming approaches for OVC interventions, the Preventive model, and the Comprehensive model. The OVC Comprehensive program is supporting holistic care to children affected by HIV/AIDS and their families, ensuring that in addition to clinical care, children and their families receive priority services that address protection, education, health, and socioeconomic status. The OVC Comprehensive program uses a child-centered and family-based case management, building on needs assessments to inform the development of case management plans describing the health, legal, economic, and educational services that will be provided to the household.

In COP23, the OVC Comprehensive program will continue to empower enrolled families to meet their basic needs. Household economic strengthening plans will be designed, based on financial well-being needs assessments. Access to vocational and professional training will be facilitated for eligible young adults and caregivers, including post-training and small business start-up support. The OVC Comprehensive program will also strengthen financial literacy and education, increasing households' savings opportunities through formal and informal mechanisms. Emergency financial support will be provided to eligible households. To further reduce the impact of malnutrition and other non-HIV related diseases among children and their families, the OVC Comprehensive program will monitor the nutritional status of children and their families, collaborate with relevant stakeholders to connect eligible households to existing food security programs. Children presenting with non-HIV related diseases (e.g., malaria, waterborne diseases and COVID) and disabilities will be identified and served. The OVC Comprehensive program will also provide tuition assistance to students with the objective of increasing school retention. Children at risk of dropping out will be identified and assisted to improve school performance and ensure re-enrollment.

PEPFAR OVC programs, both Comprehensive and Preventive, will continue to offer multi-layered, age/sex appropriate primary prevention packages of services to adolescent girls and boys, aged 10-14 years, and ensure they are adopting positive health behaviors. This will include life skills, sexual and reproductive health education, and HIV prevention education using S/GAC evidence-informed modules, such as "Healthy and unhealthy relationships," "Making decisions about sex," and "Obtaining sexual consent." In addition, adolescents and their caregivers will benefit from positive parenting, positive gender norms promotion, and sexual and gender-based violence prevention using nationally validated modules. Adolescents will continue to be screened for HIV/STIs risks and referred for HTS, GBV, and other social services.

In 2019, Cameroon OVC graduation rates peaked. As stable cases were graduating, the program pivoted to intensify specific support for CALHIV and their pediatric care outcomes. As a result of these efforts, almost 100% of households served by the OVC program included at least one person living with HIV. After more than three years of intense support to CALHIV, in COP23 the OVC program will intensify graduation benchmarks monitoring to allow a programmatic focus on caregivers living with HIV who are virally unsuppressed, mother and infant pairs most at-risk of interruption in treatment, and/or missing EID, HEI with HIV positive final outcome at the end of breastfeeding, and CALHIV who are virally unsuppressed. Households will be reassessed every six months against benchmarks to determine their readiness to graduate from the OVC program according to their case plans using a standard tool.

At the end of COP21, the OVC Comprehensive Program served 62,979 beneficiaries, reaching 97% of its total annual target. In COP23, the OVC program will serve 65,770 beneficiaries inclusive of OVC Preventive targets. The OVC Comprehensive Program will maintain its current footprint and will focus on improving the quality of services and the outcomes of the beneficiaries. This includes an increased effort to flexibly and innovatively integrate data to improve services on a continuous basis.

Plan for Key Population Services

The PEPFAR program will continue to support the GRC to implement tailored HIV prevention strategies for key populations (FSW, MSM, PWID, TG, and people in prisons and other closed settings) and vulnerable populations (children of female sex workers, clients of female sex workers and GBV survivors). These will include strong advocacy around the introduction of needle exchange programs, drug substitution therapy for PWID, and hormonal therapy for TG, which are currently not supported by existing national policies. While these services will require major GRC policy shifts, PEPFAR will continue to use its partnerships, leverage other USG agency projects, and collaborate to lift policy barriers and advance HIV programming.

Prevention

PEPFAR Cameroon will provide prevention programming for KP and clients or partners of KP by offering, when relevant, a package of core interventions that conforms to PEPFAR minimum guidance, including:

- Behavior change communication, with a focus on risk avoidance
- Empowerment and life skills development
- Risk assessments and risk reduction counseling
- SRH/FP education and services, including condom and lubricant use promotion and distribution, and other contraceptive methods
- Positive parenting interventions
- HIV testing and counseling
- Primary prevention of sexual violence and post-violence care
- PrEP for eligible beneficiaries
- Prevention and management of comorbidities, including TB, STIs and other OIs
- Treatment literacy and adherence for key PLHIV and ALHIV

As the GRC currently authorizes PrEP only for MSM and FSW aged 21 years and older in a limited number of geographic locations, COP23 activities, including those supported with LIFT funding, will work to facilitate a policy shift that increases access to and availability of PrEP for additional at-risk populations within wider geographic settings. During COP22 PEPFAR is funding an evaluation of the national PrEP program that will include a feasibility assessment of PrEP among AGYW and serodiscordant couples. The evaluation has received ethics approval and is in its final preparation phase prior to data collection. With results expected by August 2023, evaluation findings will inform national PrEP programming, such as making PrEP available to other HIV negative high-risk groups like AGYW and an expansion of PrEP services across the country for KP in COP23. This geographic and population expansion will follow a stepwise approach in clinical settings, prioritizing implementation sites with the largest number of PLHIV in their treatment cohorts. In COP23, PEPFAR Cameroon will continue assessing the gaps in PrEP implementation and working with NACC and other key stakeholders towards closing these gaps.

The program will leverage a gender and age-appropriate peer education scheme to promote and provide various services, often through individual or small group interventions, tailored to individual KP groups through a patient-centered approach.

Through the peer-led prevention program, KP will serve as points of contact to reach and mobilize their sexual partners who will benefit from a prevention package of services that conforms to PEPFAR minimum guidance described above.

Testing

PEPFAR will adopt a Status Neutral approach to care and prevention by prioritizing opportunities to ensure all beneficiaries are engaged into care, retained, and linked to comprehensive treatment and prevention services to improve care and reduce stigma. PEPFAR will ensure that all beneficiaries reached with prevention services will be screened and tested for HIV. This will be done through the systematic HIV risk assessment and linkage to HIV testing and biomedical services as part of the prevention services. The testing services will follow one of two national algorithms for HIV testing and HIV self-testing (HIVST) at a health facility or in the community. All KP groups will be tested using dual HIV-syphilis testing to ensure adequate integration of case finding and STI management. To ensure this is possible, PEPFAR Cameroon will use LIFT Up funds to ensure guidelines, standard operating procedures, and training on dual testing are in place. PEPFAR will also facilitate adoption of this new algorithm for KP within the national strategic plan and national treatment guidelines to aid in quick governmental implementation. Efforts in this regard have started in COP22 and will be maintained in COP23. PEPFAR Cameroon will scale up approaches proven to improve case finding such as quality index testing and Social Network Strategy (SNS). PEPFAR Cameroon will continue to implement zone-specific and population-specific approaches, as well as recency testing to fine-tune prevention and case finding and guide informed decision making. As Cameroon moves closer to reaching the first 95 target, there will be a strategic need to test more individuals to identify HIV-infected persons; this approach will produce lower testing yields but facilitate higher case identification over time.

Index Testing at Facility and Community Levels: Index testing—also known as contact tracing, partner notification, or partner services—is a voluntary case-finding approach that focuses on

eliciting the sexual or needle-sharing partners and biological children and parents of individuals living with HIV and offering them HIV testing services. In COP23, index testing will remain the primary modality for case finding amongst KP, where the sexual or needle-sharing partners and biological children of all KP index cases will be voluntarily elicited. Understanding that KP, including MSM and sex workers, may have either limited knowledge or willingness to disclose their partners, counselors will offer index testing services through a variety of best-practice approaches, including support for client referral, provider referral, or client-provider referral. Detailed documentation of index testing services by contact type down to treatment initiation shall continue in COP23. The index testing cascade will be comprehensively and continuously reviewed to close gaps and identify areas for improvement.in order to refocus interventions, monitor yields per contact type and redirect efforts in case finding.

Social Network Strategy: The Social Network Strategy for HIV Testing Recruitment is an evidence-supported approach to recruit for testing persons at high risk for HIV infection. SNS is based on the underlying principles that people in the same social network share similar risks and risk behaviors for HIV, and that people in the same social network can exert influence on each other because they know and trust one another. The approach begins with identifying clients or peers of KP who are HIV-positive or at high risk for HIV, and enlisting them to become Recruiters. Recruiters serve a short-term role and receive coaching to identify, engage, and direct Network Associates (NA), people in the Recruiter's social network at risk for HIV, to HIV testing services. This process is circular, creating chains of referral that can penetrate hidden networks. Regular identification and recruitment of potential Recruiters will be conducted to make a successful SNS program. SNS strategies will be important in identifying risk networks amongst FSW and MSM.

Other Community Case Finding Strategies: COP23 will intensify testing at DICs, hotspots, and social gatherings known as "chill-ins" and "grins," as well as the use of SNS and social media. PEPFAR Cameroon will tailor its HIV testing services to the various sub-populations. Risk and social network mapping will be used to provide differentiated testing services to KP. KP who are reached for comprehensive and combined prevention services at health facilities, hotspots, DIC, and prisons will systematically benefit from an HIV risk assessment and be tested for HIV accordingly. KP beneficiaries enrolled into PrEP programs, including FSW and MSM, will be offered HIV testing on a quarterly basis and linked to ART in the event of seroconversion. Depending on the health facility or community entry point, eligible KP will receive HIVST kits to distribute to their hard-to-reach contacts. HTS will be mainstreamed during MSM community social events, including chill-ins and grins. For example, for MSM who may be fearful of direct contact notification, indirect methods through social gatherings such as chill-ins and grins anonymously bring together partners of HIV-positive MSM where testing is conducted.

Considering current results show higher yields from HIV testing in DICs compared to mobile testing, with HIV prevalence increasing with age, sexual network mapping of older MSM and FSW will be emphasized in FY23. Furthermore, regular hotspot mapping by peer leaders will continue identifying new and old hotspots with high yield to strengthen targeted testing. Clients of FSW will continue to be reached by innovative approaches including analysis of social network risks and with emphasis on long-distance drivers. Long-distance drivers will be tracked along transport corridors and offered prevention services as well as access to ART in sites most convenient for them in coordination with PEPFAR clinical partners. To ensure the quality of testing services for

the above-mentioned populations, the PEPFAR program will continue to train providers, with refresher trainings as needed on key topics including targeted HTS, SNS and HIVST. Age-appropriate screening tools will be updated and validated jointly with relevant stakeholders. Details on population-specific strategies follow.

Facility-based Testing: PEPFAR Cameroon, through community leadership, will strengthen health facilities to provide KP-friendly services (stigma free, nonjudgmental, with extended and weekend hours) to KP who prefer to seek HTS at a health facility. HTS will be provided based on results of a risk assessment tool that will be used systematically. Additionally, through a facility-led outreach approach, health care providers will reach, recruit and test KP in underserved communities (in the absence of a KP community program). FSW will also be reached in the facilities during ANC and post-natal services for PBFW. HIV self-test distribution will be brought to scale as a tool to improve access to HTS among KP that are harder-to-reach including MSM and FSW.

Facility-based and Community-based Testing Strategies: Index testing and social and sexual network-based HIV testing that is managed both within facilities and community-based sites such as DICs will be used to reach husbands and sexual partners of HIV-positive women, sexual partners of MSM, and clients and regular non-transactional partners of FSWs. Index testing will be implemented in a manner that considers human rights concerns and consistently assesses and addresses risk for intimate partner violence (IPV). To that effect, amongst KP, PEPFAR programs will routinely screen for IPV risk prior to offering index testing services and use a differentiated approach to testing that includes distribution of self-test kits or social and sexual network approaches such as organizing community events like chill-ins where one partner can be tested without partner disclosure or notification. For other hard-to-reach partners, such as MSM who do not identify as part of the lesbian, gay, bisexual, or transgender community, female partners of MSM who do not know their partners are MSM, and regular, non-paying sexual partners of FSW who refuse to come to DICs, self-test kits will be distributed to the HIV-positive KP to encourage their partners to test. Peer leaders and peer educators will provide counseling to KP partners and information for those who return for confirmatory tests. Those who test positive on self-tests will be referred to a local facility for a confirmatory test and supported by peer leaders and peer educators within the community.

Other testing strategies will include highly targeted testing in health facilities and community settings and self-testing for partners of pregnant women, partners of index cases and clients and non-transactional partners of FSWs who do not wish to access HTS in health facilities and DICs. In military settings, targets for self-testing will include officers, index partners who are in the military and reluctant to come to health facilities, and officers returning from deployments longer than six months. Diagnostic testing will also be implemented at critical service delivery entry points and voluntary counseling and testing (VCT). HIV testing counselors will be extended to the new PEPFAR sites and will be responsible for counseling, testing and linkage of HIV positive clients at various entry points. In addition to screening for IPV risk, PEPFAR supported community and clinical sites will also ensure provision or referral to GBV services for victims or potential victims.

Supported by PEPFAR's clinical program in collaboration with the GRC, prisoners will be reached with targeted testing services within the prisons. During COP23, PEPFAR Cameroon will scale up training of prison peer educators to offer routine tests for triage to their peers (existing inmates).

Systematic HTS services using the screening tool will be offered to incoming (new) prisoners. Incarcerated persons accessing the prison's health facility for other medical conditions, including presumptive TB cases, will be offered risk-based HTS.

The PEPFAR KP program will continue to provide technical assistance to the Global Fund community prime recipient on community-based HIV testing and linkage services as well as on the monitoring of both the negative and positive cascade. A memorandum of understanding will be signed between the PEPFAR community and the Global Fund community programs to align the services and reporting as well as limit duplication in the reporting of KP services. The PEPFAR KP program will continue to rely on the Global Fund program for its testing commodity needs, including HIVST, HIV rapid test kits (RTKs), and STI kits.

HIV Self-Testing: WHO defines HIV self-testing as a process in which a person collects their own specimen (oral fluid or blood), performs a rapid HIV test, and interprets the result where and when they want. HIVST is an effective tool for expanding access to individuals at risk who may not otherwise actively seek out HIV testing services, and to individuals at ongoing risk who may need to test frequently.

In COP22, the PEPFAR Cameroon program distributed 25,011 HIV self-test kits compared to 18,568 HIV self-test kits in COP21. In both periods implementation faced challenges with stockout. In COP23, HIVST will continue to be accelerated amongst KP for all KP and their family members who are above the age of 18. Many of these groups refuse other testing modalities or are unwilling to come to the health facilities, DICs, or community events where HTS is offered. The directly assisted strategy shall be prioritized and the unassisted strategy shall be used for clients not reached directly. Distribution shall be done by care providers, KP peers and community health workers at both facility and community levels. Indirect distribution shall be done through sexual contacts in index testing and in KP social networks.

It is important to note that under current MOH policy, self-testing is available only to KP and their partners, partners of PLHIV in the context of index testing, young women and men above 18 in vulnerable situations, and partners of pregnant HIV+ women. PEPFAR Cameroon will continue advocacy with MOH to extend access to HIVST to at-risk AGYW, ABYM and young KP below 18 years of age.

Follow-up of HIVST Beneficiaries: All distribution approaches of self-tests shall be accompanied by active follow-up by appointments for beneficiaries to bring results, by phone, or by home visits to provide support before, during and after conducting the HIV self-test. Clients with reported reactive results shall be followed up actively by peer navigators or other clinical and community health staff and linked to confirmatory testing and treatment. Those with negative results shall be provided preventive services like health education on adopting risk reduction behaviors, condoms, and PrEP.

The Handshake Model: KP Linkage to Treatment

The PEPFAR Key Populations Program continues to demand and ensure same-day ART initiation for clients testing HIV positive, with the clinical program ensuring continuity and complementarity of HIV services for KP reached and tested positive by the community program. To achieve this,

KP clients are referred to clinical settings through a “handshake model” denoting active referral. While this approach will continue in COP23, the community program will also improve on integrated health services offered in most DIC while advocating for community ART initiation. This multipronged approach will allow PEPFAR Cameroon to contribute to the adequate implementation of the country’s DSD models and, especially, its task shifting guidelines. For KP clients put on treatment at health facilities through the handshake model, a counter-referral to the community program is made after initiation, with the clinical program continuing to provide other services to ensure the KP clients stay on treatment and achieve viral load suppression.

The handshake model describes a process whereby, when members of key populations test positive at the community, a peer navigator of the community program physically accompanies the positive client to a health facility and presents them with a referral slip to the designated KP-friendly provider. Once received at the facility for ART initiation, the facility KP focal person will navigate the referred client and ensure every other clinical service is provided prior to treatment initiation. These other services include confirmation of HIV status (as per national guidelines if not done at community level); screening, diagnosis and management of co-morbidities including TB, STIs, other OIs; SRH/FP needs assessment and provision for FSW, GBV screening and management. Upon initiation at the facility, the KP client will be counter-referred to the community program with a filled and signed counter referral slip. The newly initiated KP will continue clinic visits for ART dispensation and other clinical services as needed. ART dispensation will continue at the clinic until the newly initiated KP becomes virally suppressed and will be given options for differentiated ART dispensation, including dispensation at KP CBOs. Clients testing positive in the community will have the option of being initiated on treatment in the community (pending expected policy changes in community ART dispensation), or at a clinical site as part of the handshake model. Those initiated on treatment at the community will continue to be included in the treatment cohort of the mentor facility for the said CBO/DIC.

PEPFAR Cameroon will continue to strengthen the handshake model through improved collaboration between community and clinical partners. PEPFAR Cameroon will monitor the implementation of memorandums of understanding signed between the implementing mechanisms and provide guidance for improving the KP continuum of care services. The program will continue to engage regional delegations of health and district health services to provide TA through mentorship and supervision to support adherence and retention interventions targeting KP, including ensuring availability of commodities, documentation, and reporting to ensure quality HIV services. With IPs, the program will conduct regular focus group discussions among key PLHIV and those on PrEP, with emphasis on new clients, to identify barriers to care, receive feedback on service quality, and continuously improve services that will increase access to HIV care and treatment. KP CLM will also complement information needed to regularly ensure high quality service provided at both community and facility sites to KP. The PEPFAR program will continue providing community ART adherence support and homebased care where necessary to ensure viral suppression among KP continues to be above 95%.

While PEPFAR Cameroon continues to collaborate and support the Penitentiary Administration to ensure provision of HIV services to prisoners during COP23, it will also work to strengthen health facility staffs’ capacity to provide KP-friendly services (stigma free, nonjudgmental, with extended and weekend hours) to KP who prefer to seek HTS at the health facility. HTS will be

provided based on results of a risk assessment tool that will systematically be used. Additionally, through a facility-led outreach approach, health care providers will reach, recruit and test KP in underserved communities in the absence of an existing KP community program. The clinical program will continue to play a substantial role in ensuring continuity and complementarity of HIV treatment initiation, treatment and clinical care services for key populations reached and tested positive by the community program through the handshake model, guided by an active referral and counter referral system. In COP23, a health facility mentorship approach will provide KP with the option to be initiated on ART at the DIC, or bring treatment initiation services to other preferred locations, contributing to the reduction of HIV treatment initiation gaps for key populations diagnosed in the community by the community program.

Plan to Address Stigma, Discrimination, Human Rights, and Structural Barriers

Implementation of Zero Stigma and Discrimination strategies together with interventions for addressing human rights issues and structural barriers will be a priority crosscutting component for PEPFAR Cameroon in COP23. During COP23, the PEPFAR program will continue to align with the National HIV Strategic Plan and support the national program to provide stigma-free HIV services at service delivery points of health clinics, DIC, and other community settings. The following actions will be taken: (1) train and retrain healthcare workers and community health workers to provide person-centered and friendly stigma-free HIV services; (2) dedicate physical space to improve privacy and confidentiality; (3) educate patients about their rights; (4) implement systems and procedures to address issues around stigma; (5) disseminate messaging that curbs stigma and discrimination such as U=U; (6) provide stigma-free GBV prevention services at community and clinical sites; (7) provide post-GBV clinical care to survivors at clinical sites; and (8) expand and leverage CLM of services for all PLHIV, AGYW and KP.

In COP23, PEPFAR, in collaboration with the Global Fund and its programs, will ensure HIV prevention services for PWID that are tailored and address specific vulnerabilities of this population. The program will advocate for policy changes and waivers to ensure a minimum tailored package can be provided to PWID including needle exchange and possibly drug substitution therapy. Research has found that the implementation of HIV testing and counselling in settings attended by PWID provides an opportunity to raise awareness about HIV/AIDS and human rights issues among care providers and administrators, and to reinforce their adherence to appropriate standards of practice. PEPFAR Cameroon will ensure PWID-focused CBOs are part of program implementation in COP23, similar to the involvement of other KP-led groups serving their peers.

PLHIV who are KP face additional stigma related to their sexual identity, behavior and their HIV status. The 2016 KP IBBS indicated that these subgroups experience discriminatory remarks by family members in relation to their sexual orientation or sex work (FSW 12%, MSM 14%), feel afraid to seek health services (FSW 6%, MSM 14%), or avoid seeking health services (FSW 5%, MSM 14%). The 2021 annual report on violence against Cameroon's lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) population published by the LGBTQI+ CSO consortium, Unity Platform, indicates that sexual and gender minorities continue to experience significant human rights abuses and violations. In 2021 alone, 4,116 cases of violence were documented, 71% of which were psychological (blackmail, insults, defamation, hate speech,

family rejection, discrimination, forced marriage, ban on seeing one's child or partner, conversion therapy, outing), 16% were of a physical nature, 9% were economic, and 4% constituted sexual violence. The country is currently carrying out an IBBS and size estimation study for KP. This new survey will shed light on the current size of different key population groups in Cameroon, and their experiences in the health care system. The IBBS results are expected later in 2023 and will inform PEPFAR programing regarding potential targets and adjustments to services.

Together with UNAIDS and community partners, the country has developed a Five-Year Plan 2020-2024 for the national response to human rights-related barriers to access HIV and TB services. The five-year plan provides a comprehensive set of interventions, including reducing stigma and discrimination in community, health, justice, and emergency settings, increasing legal literacy and access to health services for key populations, instituting law and policy reforms, and reducing harmful norms and gender-based violence. Despite the availability of intermittent surveys, the national HIV program has difficulties monitoring progress towards eliminating human rights-related barriers to HIV/TB services, and, as a result, does not effectively adjust program implementation to respond to and mitigate stigma and discrimination.

PEPFAR Cameroon is currently supporting efforts to address stigma and discrimination and promote human rights for improved health services access for PLHIV. PEPFAR initiated community-led monitoring in March 2021, where the CLM program continues to report on user fees elimination, patient experience, and access to adolescent-friendly healthcare services. During COP23 CLM will continue to be utilized to monitor client experiences seeking HIV services including any stigma and discrimination faced by PLHIV on treatment. CLM will also monitor for human rights violations and other adverse events in healthcare settings including at community and clinical sites. Initiated in COP22, KP community-led monitoring will specifically monitor KP clinical and community programs where KP seek services to ensure availability of quality services that meet individual KP needs. In COP23, PEPFAR Cameroon will continue to empower communities to first advocate for themselves, and monitor and disseminate findings on stigma, discrimination, human rights violations, and other structural barriers. PEPFAR Cameroon will build on and complement proposed interventions in the 2021-2023 and draft National HIV Strategic Plan, the Global Fund Grant Cycle 7 proposal for 2024-2026, and an anticipated Human Rights Grant Program award from USAID's Bureau for Development, Democracy and Innovation to begin in late 2023. With complementary LIFT UP funding, PEPFAR Cameroon will work closely with KP-led CSOs to address stigma and discrimination, increase mental health services, and expand services for KP provided in safe community spaces, enabling the program to more comprehensively attend to the well-being and wellness of KP.

Among Active-Duty Military (ADM) personnel an HIV knowledge gap persists, especially among younger generations, leading to stigmatizing and discriminatory practices. For example, while 93% of ADM believe condoms can reduce HIV transmission, 8% think a healthy-looking person cannot have HIV, and 70% of ADM think HIV can be transmitted by a mosquito. Among ADM, 93% think sharing a meal with someone who is HIV infected can lead to HIV transmission; 47% will not buy vegetables from a PLHIV; and 44% reported losing respect in their community if suspected of having HIV. Twenty-seven percent (27%) of ADM reported either observing or being rejected from their peers if HIV positive, while 45% ADM PLHIV reported verbal abuse and teasing from their peers (SABERS 2018). Over the next two years, the Cameroon Military HIV Program

will roll out integrated prevention and stigma and discrimination (S&D) elimination activities with military leadership, health facility staff and soldiers in the barracks, including the modification of HIV prevention trainings to include S&D modules. CLM and peer educators shall be used to monitor and report S&D amongst ADM in barracks and amongst health staff in health facilities to ensure implemented interventions are working.

Equity-focused HIV Testing Plan

Closing gaps, promoting equity, and prioritizing public health approaches, and assuring appropriate linkage to treatment and prevention services are the overarching principles that will guide equity-focused HIV testing in Cameroon in COP23.

Outstanding Gaps and Challenges in Knowledge of Status: With the support of PEPFAR and other partners, Cameroon has made significant progress towards the first 95 with 93% of female and 85% of male PLHIV diagnosed (Spectrum 2022). However, significant gaps persist. In both male and female pediatric and adolescent sub-populations ≤14 years of age, less than 50% know their HIV status. Geographically, the greatest gaps are among both females and males in Adamawa and North regions.

HIV Testing Strategies for AGYW: Targeted testing will be offered to at-risk out-of-school AGYW, including teenage mothers, based on risk mapping and behavioral analysis with the effective use of the screening tool at facility and community levels. Index testing, testing in the context of prevention, provider-initiated testing and counseling (PITC) to AGYW at all service delivery entry points, and VCT. PEPFAR Cameroon will also identify AGYW and teenage mother champions to mobilize their peers and link them to adolescent-friendly services including testing. HIV Testing Service delivery will be adapted for AGYW who are working or in school to include extended working hours and weekends, and the availability of self-testing and social media strategies will be used to create demand in young people's networks.

HIV Testing Strategies for Adolescent Boys and Young Men as well as Men 15 to 34 Years Old: The program shall implement innovative and peer-led strategies for men 15-34, including making self-testing widely available and index testing to young men as sex partners, injection use partners or biological children of PLHIV; SNS for young MSM and other high-risk groups; extending hours and weekend testing at facilities to accommodate young men who work and those in school; implementing community strategies to meet and test the men where they work and live; testing young military recruits; using social media and mobile technology to create demand; and organizing focus group discussions to understand barriers and enablers to HTS uptake by young men, VCT and PITC and use of peer testers.

HIV Testing Strategies for other men: Integration of HIV Testing Services with other health services in a multi-disease package to attract the men including screening for hypertension, diabetes and hepatitis testing. PEPFAR sites will have male friendly clinics and services. Men shall be reached and tested as partners of pregnant and breastfeeding women in the context of PMTCT. The use self-testing for hard-to-reach men and index testing will be used to reach husbands and sexual partners of HIV-positive women, sexual partners of MSM, clients and regular non-transactional partners of FSWs. We shall scale-up Social Network Strategy for MSM and other high-risk groups. Extended hours and weekend testing at facilities to accommodate

men who work and those in school and targeted community strategies to meet and test the men where they work and live. “Chefferie testing,” that utilizes traditional leadership and a community-based wellness approach, will be expanded to reach more men. The military program will continue testing military recruits and those returning from long missions. Health facilities will continue to offer VCT and PITC at all entry points while working with more male testers to reach men. The program will conduct focus group discussions to understand barriers and enablers to HTS uptake by men.

Expand context-specific strategies to cover geographic equity gaps

1. Expand “Chefferie testing” in collaboration with community leaders: Leveraging the organized establishment of highly respected traditional authority, PEPFAR Cameroon will continue to scale up Chefferie testing in COP23 to boost case-finding, particularly among men. This strategy has been adopted to remedy low rates of health facility attendance, long distances to facilities, insecurity due to the Boko-Haram insurgency in the northern region, geographic inaccessibility in the rainy season, gender inequities with health care access, and fear of IPV. In this strategy, the traditional authority known as the Chefferie mobilizes the population to benefit from an integrated package of services that includes targeted HTS, blood pressure monitoring, blood sugar and STI screening. Clients identified as HIV positive are confidentially linked to facilities for ART enrollment.
2. Implement a rapid, mobile community strategy in crisis-affected zones in the North-West, South-West and Extreme-North. This testing strategy is implemented through local NGOs and other community actors.
3. Testing at Satellite Sites: IPs shall continue putting testers at satellite health facilities, small facilities which are not full-fledged HIV testing and treatment sites, to screen clients who consult there. Those screened reactive will be actively linked to PEPFAR-supported sites for confirmatory diagnosis and treatment initiation.
4. The “1 by 2” strategy: PEPFAR will intensify the suspect strategy to provide HTS to index contacts and suspected cases through CHW and APS in the community as their neighboring households to avoid stigma.
5. Testing at gold mines in the East.

Equity-focused Prevention Plan

Promoting equity, especially advancing access to PrEP, will be a key priority for PEPFAR Cameroon in COP23. Cameroon is among the 28 countries targeted by the Global HIV Prevention Coalition, which together represented almost three-quarters of annual new HIV infections globally in 2020. This Coalition has five prevention pillars with a prevention road map by 2025 that includes: AGYW, KP, condom education and distribution, ARV drug-based prevention, including PrEP, and the prevention of vertical transmission of HIV. Among these pillars, PrEP access remains the most challenging given slow expansion. In COP23, PEPFAR Cameroon will continue working with NACC and other key stakeholders to address policy barriers that inhibit broader PrEP implementation. PEPFAR Cameroon will continue to advocate for the country to revise its PrEP eligibility regulations to make PrEP accessible to people under 21 years of age who meet certain risk profiles and to expand PrEP to additional high-risk groups, such as PWID, TG people, AGYW, PBFW, serodiscordant couples, and the military. Following possible changes in PrEP

eligibility guidelines, the Cameroon Military HIV Program anticipates rolling out PrEP for the first time in FY24 and scaling up its implementation in FY25. PrEP will potentially serve as an additional prevention option for AGYW associated with military barracks, including those who may engage in transactional sex, young women at least 18 years old recruited into the military, and military soldiers on deployment.

Pillar 2: Sustaining the Response

As Cameroon approaches its 95-95-95 targets, PEPFAR Cameroon will work closely with the GRC, CSOs, multilateral entities, and other key stakeholders to establish a country-led sustainability road map with a shared vision and an operational plan to sustain the response.

Assess and Address Health Systems Gaps in Alignment with National Priorities

Although significant advances have been made in the PEPFAR Cameroon program, critical gaps and challenges persist in Cameroon's health system overall. These limit the effectiveness, reach and sustainability of the national HIV program. During COP23 PEPFAR will continue to work with GRC, Global Fund and other stakeholders to facilitate robust and resilient public health systems at national, regional, district and facility levels. The goal is to improve individual, family and community access to high-quality, efficient, and equitable healthcare services leading to positive health outcomes.

HIV stakeholders in Cameroon, including GRC, PEPFAR, the Global Fund and UN agencies, are still to develop a comprehensive strategy to address health governance and program ownership to ensure the national government fulfills its stewardship function. While PEPFAR's advocacy to promote country ownership has been a driver for central level coordination by NACC, there remains a need to develop, implement, and enforce national policies and structures that support government financial and organizational systems to ensure HIV programming into the future.

The GRC relies heavily on donor funding to finance its HIV programming, with historically weak governmental coordination. This can result in inequitable resource mobilization and distribution of programs and services. PEPFAR provides technical and financial assistance, such through CDC's cooperative agreement with NACC, to strengthen government coordination and oversight of the national HIV program.

Access to essential medicines and supplies is fundamental to the performance of a healthcare service delivery system. However, in Cameroon frequent commodity stock tensions and stockouts at the national and sub-national levels affect service delivery across the clinical cascade. For example, stock tensions of commodities have limited the scale up of DSD implementation, especially MMD and community dispensation. Implementation of predictable, wide-scale viral load testing remains suboptimal due to stockouts of testing reagents, which limits Cameroon's ability to determine treatment failure among patients and to demonstrate attainment of the third 95 target of viral load suppression. Weak supply chain management systems limit program continuity and sustainability.

The Cameroon healthcare system currently utilizes multiple health management information systems (HMIS) that are both paper-based and electronic. These systems may be cumbersome

to use and not interoperable, creating an inefficient environment for data extraction and analysis which in turn delays reporting for clinical and programmatic decision-making. Factors preventing the implementation of a harmonized HMIS include a lack of HMIS policies, legislation, and a regulatory framework for public and private sector providers; lack of adequately trained personnel at different levels of the health system; and lack of HMIS coordination and leadership at the national level with clearly defined roles and responsibilities.

Another major challenge is the recruitment, training, deployment, and retention of qualified human resources for health (HRH), including the right number and skills mix of health workers, equitable geographic distribution, and continuing education and training for public, private sector and community health workers. Staff turn-over is affecting program implementation efforts. In COP23, PEPFAR will support MOH to build HRH capacity at the national and sub-national levels to support integrated service delivery, including TA for staff recruitment, training, deployment, and retention.

Sustainability Vision, Road Map, and Operational Plan

PEPFAR Cameroon will continue to support the Government of the Republic of Cameroon, civil society, and partners in the development and operationalization of a sustainability vision, road map, and operational plan. The sustainability processes will be led by GRC with support and facilitation by the PEPFAR Cameroon program. Monitoring will be ensured during the PEPFAR funded GRC quarterly statutory meetings with all stakeholders including Multilateral and bilateral Partners. An important first step to ensure accountability will be to bring stakeholders together to jointly establish sustainability metrics and indicators that are specific, measurable, attainable, realistic, and timebound (SMART).

Regarding the sustainability plan, during FY24 PEPFAR Cameroon will collaborate with GRC and other stakeholders to develop milestones for the transition of HIV services to local partners, which will include identifying and building capacity of potential local organizations as subgrantees and developing a minimum set of requirements for local partner transitions. For FY25 there will be continuous capacity-building and engagement with GRC/MOH and local partners with effective electronic systems and onset of transitioning (≥50%). By FY26 PEPFAR Cameroon will continue progressive transitioning to ≥75%. During COP23, the Military HIV Program will transition to a local implementing partner in line with PEPFAR's sustainability and local capacity-building vision. To improve ownership of the program by the local military, a 4-year stepwise approach will be used with differentiated support based on the needs of the sites. For example, in Year 1 military sites with low HIV burden will receive technical assistance while higher burden sites will receive more intense support through direct service delivery.

Sustainability progress will be continually assessed with SMART indicators and metrics starting in year 2 of COP23 and in subsequent years. The continuous assessments will involve examining how systems supported by PEPFAR, UN agencies, and other partners and donors are aligned with those of the government of Cameroon, including but not limited to health information systems, supply chain systems, community-based systems and infrastructure, and human resources for health. PEPFAR Cameroon will make use of the last sustainability index dashboard (SID) which showed major gaps in service delivery, commodities security and supply change, laboratory and

domestic resource mobilization to inform harmonization of systems with a goal of enhancing their long-term sustainability and eliminating inefficiencies.

In COP23, PEPFAR will enhance capacity-building efforts through the district hub-and-spoke approach for pediatric and adolescent treatment and care through Centers of Excellence. CSOs will also benefit from continued capacity-building in their advocacy for health equity and rights-based frameworks. Joint planning with the GRC and CSO coupled with joint implementation, supervision, mentoring and monitoring of PEPFAR programs will be strengthened to ensure ownership and sustainability. PEPFAR, together with Global Fund, will continue to advocate with the GRC for increased counterpart funding and build capacity of local NGOs and CSOs through sub-grants and co-implementation for them to become principal recipients in near future. Existing G2G funding mechanisms with the NACC and the National TB Program will be strengthened and realigned to support the sustainability road map planning and operationalization. Finally, the sustainability road map will include a localization agenda for the implementation of HIV activities in Cameroon directly through indigenous organizations as principal recipients or through sub-awards alongside existing G2G funding.

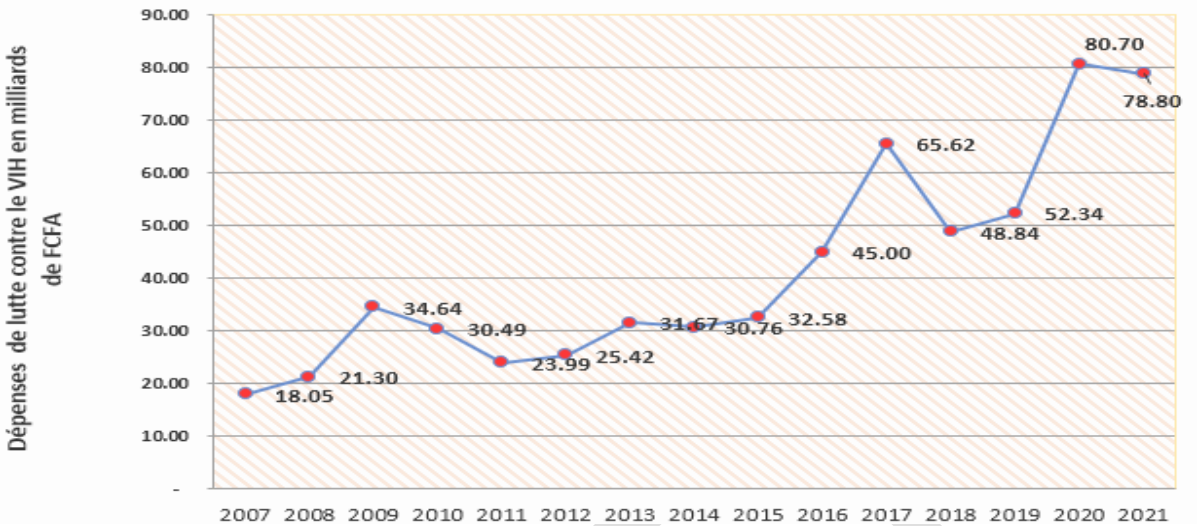
Financing of the National HIV Response

Cameroon's funding profile for the national HIV response is reflected in the most recently approved national and external expenditure data from 2018-2019. To align with the 2018-2019 national expenditure report, PEPFAR Cameroon triangulated data from its 2018 expenditure reporting for analysis. According to these sources, national HIV/AIDS outlays increased by 7% between 2018 and 2019, from XAF 48.8 billion to XAF 52.3 billion ($78.6 million to $84.2 million). Even with this increase, domestic spending remained low at 12.0% in 2018 and 10.4% in 2019. External donors comprised the majority of HIV funding both years, at 88.0% and 89.6% respectively. While PEPFAR Cameroon is working with GRC and other stakeholders to ensure access to more recent data, it is expected that current funding trends continue to reflect a dependence on external funding for the national HIV response.

Trends in HIV/AIDS Spending

Although HIV/AIDS expenditures showed a general upward trend between 2007 and 2019, progression has been uneven, as seen in Figure 1.2 below. Between 2007 and 2009, allocated resources increased, but then declined in 2010 and 2011 due to the global economic and financial crisis. Funding then experienced an increase of 32% between 2011 and 2013, from XAF 23.99 billion to XAF 31.67 billion due to the implementation of the R10 program of the Global Fund, with 2013 representing a pivotal year and the growing involvement of bilateral partners such as the USG through the PEPFAR program. A steady rise in funding for HIV from 2014 to 2019 reflects the continued support of the Global Fund through the new funding model and the increasing funding from the USG to Cameroon.

Figure 1.2: Trends in HIV/AIDS Spending Between 2007 and 2021 in Cameroon



Source: 2020-2021 NASA/REDES report

Investment Profile

The HIV epidemic response is still largely funded by PEPFAR and Global Fund. The GRC continues to contribute through user-fees elimination and reimbursements, HRH, and other infrastructural investments. In addition, the GRC contributes through a loan from the Islamic Development Bank managed by UNICEF for accelerating progress towards the elimination of MTCT. See Tables 1.3 and 1.4 below.

Table 1.3: Investment Profile for HIV Program

Table S1. Investment Profile (Budget Allocation) for HIV Programs, 2021						
	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2021
Care and Treatment	$93,222,551	0%	44%	56%	0%	
HIV Care and Clinical Services	$83,135,471	0%	46%	54%	0%	
Laboratory Services incl. Treatment Monitoring	$7,902,955	0%	2%	98%	0%	
Care and Treatment (Not Disaggregated)	$2,184,125	0%	95%	5%	0%	
HIV Testing Services	$9,940,270	0%	26%	74%	0%	
Facility-Based Testing	$5,525,986	0%	14%	86%	0%	
Community-Based Testing	$1,891,868	0%	56%	44%	0%	
HIV Testing Services (Not Disaggregated)	$2,522,416	0%	29%	71%	0%	
Prevention	$5,278,638	0%	48%	52%	0%	
Community mobilization, behavior and norms change	$1,874,859	0%	89%	11%	0%	
Voluntary Medical Male Circumcision	$0					
Pre-Exposure Prophylaxis	$937,962	0%	3%	97%	0%	
Condom and Lubricant Programming	$639,567	0%	100%	0%	0%	
Opioid Substitution Therapy	$33,748	0%	100%	0%	0%	
Primary Prevention of HIV & Sexual Violence	$108,583	0%	100%	0%	0%	
Prevention (Not Disaggregated)	$1,683,919	0%	5%	95%	0%	
Orphans and Vulnerable Children	$6,780,032	0%	23%	77%	0%	
Case Management	$0					
Economic Strengthening	$0					
Education Assistance	$0					
Psychosocial Support	$0					
Legal, Human Rights, and Protection	$1,401,326	0%	83%	17%	0%	
OVC (Not Disaggregated)	$5,378,706	0%	8%	92%	0%	
Above Site Programs	$74,877,898	0%	22%	78%	0%	
Human Resources for Health	$2,788,271	0%	100%	0%	0%	
Institutional Prevention	$0					
Procurement and Supply Chain Management	$2,651,659	0%	35%	65%	0%	
Health Mgmt Info Systems, Surveillance, and Research	$3,050,325	0%	68%	32%	0%	
Laboratory Systems Strengthening	$245,578	0%	31%	69%	0%	
Public Financial Management Strengthening	$0					
Policy, Planning, Coordination and Management of Disease Ctrl Programs	$55,756,826	0%	2%	98%	0%	
Laws, Regulations and Policy Environment	$543,000	0%	0%	100%	0%	
Above Site Programs (Not Disaggregated)	$9,842,239	0%	95%	5%	0%	
Program Management	$18,806,937	0%	27%	73%	0%	
Implementation Level	$18,806,937	0%	27%	73%	0%	
Total (incl. Commodities)	**$208,906,326**	**0%**	**33%**	**67%**	**0%**	
Commodities Only	**$55,178,543**	**0%**	**90%**	**10%**	**0%**	
% of Total Budget	26%					

Source: HIV Resource Alignment

Table 1.4: Investment Profile for HIV Commodities

Category	Budget Need	GF	PEPFAR	GRC (BID/UNICEF)	GRC	EVIDENCE ACTION	GAP
ARVs_Adult	$39,904,873	$31,923,898	$ blank	$ blank	$7,980,975	$ blank	$ blank
ARV_Ped	$2,201,598	$1,114,976	$842,987	$347,699	$ blank	$ blank	$ blank
RTK	$3,980,047	$2,905,338	$149,976	$ blank	$796,009	$128,724	$ blank
VL	$10,243,330	$2,400,000	$4,156,329	$1,135,595	$2,551,406	$ blank	$ blank
EID	$670,961	$201,288	$ blank	$469,673	$ blank	$ blank	$ blank
CD4	$687,369	$ blank	$ blank	$ blank	$ blank	$ blank	$687,369
TPT	$1,690,047	$ blank	$517,096	$ blank	$ blank	$ blank	$1,172,951
PrEP	$119,548	$ blank	$119,548	$ blank	$ blank	$ blank	$ blank
Condoms	$ blank	$ blank	$496,450	$ blank	$ blank	$ blank	$ blank
Total	**$59,497,773**	**$38,545,500**	**$6,282,386**	**$1,952,967**	**$11,328,390**	**$128,724**	**$1,860,320**

***Source: COP23 Approval Presentation*

Efficiencies

PEPFAR Cameroon implements a highly efficient HIV and HIV/TB program on a lean staffing model in health facilities and community sites, continuing to make tremendous gains toward attaining the UNAIDS 95-95-95 targets. Adjusted for inflation, the program has steadily been achieving more with less. In COP23, PEPFAR Cameroon will continue to take a holistic approach to finding efficiencies in both the community program and the clinical program. A critical first step towards sustainability involves finding efficiencies that allow for strategic programmatic shifts to fund new and emerging priorities, strengthen areas with outstanding gaps, and implement innovative interventions. Significant gains have been made in facility-based HIV testing, with targeted testing occurring at major entry points at relatively low costs. The team will continue to conduct regular analyses to identify consistently low-yielding strategies to scale down or discontinue, and increase efficiency with higher yield approaches. For pediatrics and PMTCT, the district TA approach will be a cost-effective strategy for reaching proportionally more children and PBFW in underserved communities, and will provide capacity-building and knowledge transfer to non-PEPFAR-supported sites, thereby enhancing long-term sustainability. TB/HIV services integration will be significantly strengthened at all levels of the clinical cascade by incorporating TB services into existing systems for HIV care. In the KP program, joint monitoring of memorandums of understanding and site visits are cost economical approaches that will also strengthen collaboration between the clinical and community program and improve coordination of data management and accountability systems.

COP22 Appendix E: Progress Towards Sustainable Control of the HIV/AIDS Epidemic

As outlined in Appendix E of the COP22 Strategic Director Summary, historically the GRC has been very efficient in constructing and equipping health facilities, including hospitals, health district bureaus and integrated health centers, as well as ensuring the facilities have human resources to run them. Currently, both the Central and Regional Technical Working Groups conduct some level of training through on-site supervision of staff including but not limited to psychosocial workers, data clerks, testers, site coordinators and monitoring and evaluation staff. These trainings provide hands-on-knowledge required for staff to be proficient with operational tools.

PEPFAR will continue to support the country by supplementing these trainings to further strengthen site capacities to collect, interpret, and use data to improve health. It will continue to create tools and approaches for rigorous evaluations and strengthen health information systems so that the country can make better decisions and sustain good health outcomes over time. PEPFAR leadership will continue to advocate for the GRC to integrate these support staff of HIV treatment units into the public service.

Furthermore, the GRC has made enormous strides in creating the “Basket Fund,” which is a centralized financial mechanism that allows the government to pull funds from its commercial bank accounts and meet its co-financing commitments in all domains, including the health sector. Since creation, however, accessing the funds within this framework has been extremely challenging due to cumbersome regulations and procedures. The GRC has been working to improve on the regulations governing this mechanism to have access to funds that will enable it to meet its co-financing commitment by the Global Fund and ensure the availability of the health commodities under its responsibility. It is due to its assiduous efforts that the GRC was able to unblock $5.3 million beginning in March 2023 to procure ARVs for the first time in three years.

The GRC obtained additional funds through a loan from the Islamic Development Bank to support the country’s PMTCT program in 61 of the most vulnerable districts of the country. This funding allows for both technical program support and the procurement of health commodities, including pediatric ARVs and EID commodities.

Even with these strides, the GRC still needs to make a greater effort to provide the funds and to ensure commodities are procured in a timely manner. In COP23, in collaboration with other stakeholders including the Global Fund, UN agencies and other bilateral partners, PEPFAR will intensify advocacy to the GRC to commit to its co-financing agreements as part of its Global Fund awards.

In April 2023, the GRC successfully initiated Phase I of the country’s Universal Health Coverage (UHC), which will enable its citizens to access the range of quality health services they need without money being a barrier. After four years of participatory reflection, the National Technical Working Group for UHC has proposed a set of basic elements necessary for the implementation of UHC, based on international UHC guidance and Cameroonian experience with community health organizations. UHC Phase 1 has a package of services under two main areas for the country: preventive and health care promotion; and curative care services. In prevention, the minimum package includes: vaccinations (BCG, yellow fever, DTP-Hep B-Hib, IPV, VPOL,3,

COVID-19), nutrition (Vitamin A supplementation, integrated management of acute malnutrition, infant and young child feeding, deworming and home food fortification), and community health interventions (newborn follow up, search for those lost to care, screening for malnutrition, treatment of acute respiratory infections, treatment of diarrhea). Under curative care services, the minimum package to cover all regions in Phase 1 includes: Free consultations for 0-5 year-olds, free malaria management for children 0-5 years, TB management, management of patients on hemodialysis, onchocerciasis management, HIV/AIDS management, HIV screening/EID, ART, viral load and CD4 monitoring, isoniazid preventive therapy for PLHIV with diagnosis of active TB excluded. In addition, case management for pregnant women enrolled in 5 regions of the country will be part of UHC Phase 1.

In COP23, PEPFAR will continue to support the UHC process to ensure that the current pace and high level of political engagement are sustained; that HIV/AIDS continue to be prioritized in any version of the UHC minimum package of services; that health facilities are prioritized, assessed and enrolled into UHC; and that necessary operational and structural systems are established to support GRC to full implementation of a UHC scheme by 2035. Phase 1 is scheduled to run for 2-3 years.

As the country continues towards achievement of its 95-95-95 targets and the national HIV program shifts from scale-up to maintenance, a key focus of COP23 is to support the GRC towards an HIV response that is country-led and sustainably financed.

Pillar 3: Public Health Systems and Security

PEPFAR-supported activities in COP23 will be synergistically implemented to support public health systems and security, and, in turn, enhance progress toward HIV epidemic control and program sustainability. After more than eight years of Global Health Security Agenda (GHSA) investments, Cameroon is now positioned better than ever to prevent, detect, and respond to public health threats. Cameroon was selected as one of the 17 GHSA phase one countries in 2015. The U.S. Government, through the U.S. Centers for Disease Control and Prevention (CDC) and USAID, has continually assisted the GRC to strengthen public health capacity and systems through GHSA. Since developing a GHSA Road Map in September 2015, Cameroon has made steady progress in achieving benchmarks in the Joint External Evaluation and increasingly becoming a regional leader for health security.

For example, Cameroon serves as a regional hub for the Field Epidemiology Training Program, which trains experts to identify and track potential outbreaks. The Marburg outbreak in neighboring Equatorial Guinea in February 2023 illustrates Cameroon's own readiness to respond to health emergencies. The GRC deployed an interdisciplinary rapid response team to the southern border area within 24 hours of the Marburg outbreak in Equatorial Guinea. The country has demonstrated the capacity to detect alerts for suspect cases of Marburg, safely transport samples from the southern border to Yaoundé for testing and return test results in less than 12 hours from sample collection. PEPFAR's clinical implementing partners were quickly mobilized to support infection prevention and control efforts in health facilities, triaging and reporting of suspect Marburg cases, and raising awareness through community engagement. These efforts have also

helped to protect service providers and patients in PEPFAR-supported sites while contributing to the country's preparedness in response to the Marburg threat.

Under the one CDC approach, DGHP/DGHT have worked collaboratively to strengthen emergency preparedness surveillance systems and outbreak response at the national and subnational levels. The public health Emergency Operation Center was activated in 2017 to boost HIV response performance and there are plans in COP23 to activate the public health EOC for pediatric surge. With GHSA investments, trained field epidemiologists and incident management systems have been established in the country's ten regions to support outbreak and emergency response efforts, including ethical HIV contact tracing for index testing. PEPFAR investments in laboratory systems strengthening will support timely detection and reporting of results for prompt clinical management and outbreaks. Working in coordination with GHSA, PEPFAR will continue to leverage GHSA investments and its own existing infrastructure to effectively respond to future public health outbreaks.

Strengthen Regional and National Public Health Institutions

National Public Health Institutes are science-based governmental organizations that play a central role in a country's public health efforts, including for critical components of global disease prevention and response systems. NPHIs support countries to prevent, detect, and respond to public health threats more effectively. While Cameroon does not currently have a formal NPHI, the country has key functional elements of an NPHI in place, including a national public health lab and a vast network of government-owned labs, national and sub-national EOCs, and a National Public Health Observatory. The GRC has recently renewed its commitment to bringing these institutions under the umbrella of a unified NPHI. Several COP23 activities will complement and advance the NPHI core functions and GHSA investments in Cameroon. For instance, the second round of the CAMPHIA will contribute to strengthening the lab network, including through capacity for biobanking of biological specimen for future public health investigations. The national EOC will be leveraged for the coordination, planning, and monitoring of CAMPHIA activities. In doing so, the EOC will be further strengthened to coordinate future large-scale population-based surveys. Similarly, the national Pediatric Surge offers an opportunity to strengthen the EOC structures at the central and regional levels while also allowing the Surge to benefit from the incident management systems available through the EOC that will add value to all aspects of the Surge. Moreover, PEPFAR partners and investments can be leveraged in times of acute health emergencies as demonstrated already during the COVID-19 pandemic and more recently during the Marburg preparedness efforts. Additional synergistic opportunities include innovative collaborations between PEPFAR and the Field Epidemiology Training Program residents and trainees to analyze existing data to enhance data-driven approaches in the national HIV response.

Quality Management Approach and Plan

In COP23, PEPFAR Cameroon will continue to implement the Quality Management Plan (QMP) in alignment with existing national health goals and priorities. The QMP will include quality planning (QP), quality assurance (QA) and continuous quality improvement (CQI). The program will support GRC to develop the national quality policy and strategy for health service delivery including HIV service delivery. PEPFAR Cameroon will continue to use Site Improvement through

Monitoring System (SIMS), Granular Site Management (GSM) and Data Quality Assessment (DQA) as standardized Quality Assurance tools in alignment with the national QA approach that assesses standards at the site level to support sustainability of the program. Through the QMP and the District TA approach, PEPFAR will support clinical IPs and district teams to provide mentorship at site level and work with the MOH/IP/USG team to conduct supportive supervision visits and guide implementation of corrective action plans for improvement. PEPFAR Cameroon will continue to support implementation of CLM as an important strategy to identify and address challenges in service delivery using feedback from CSOs and the community to address cost barriers to access HIV services, service quality, stigma, and discrimination. CLM data will be used for decision making to strengthen the rights of patients to benefit from quality HIV services free of stigma and discrimination at all service delivery points. PEPFAR Cameroon will ensure that implementing partners have robust systems in place to support quality service delivery at their sites within their catchment area, through the implementation of comprehensive SIMS assessments that identify opportunities for improvement and health systems strengthening.

Addressing PLHIV Comorbidities

As programs successfully achieve goals for HIV care and viral suppression, person-centered care must address "living well with HIV." This refers to the ability of PLHIV to have both a normal life span (years of life) and a health span (years in good health, without disease). In COP23, PEPFAR Cameroon's program will focus on person-centered services for all PLHIV to ensure identification of new PLHIV and adapted interventions to ensure initiation and retention in care. This approach will improve the quality and scope of care for the aging cohort of PLHIV and will lower morbidity and mortality of those on treatment due to other non-communicable diseases such as cardiometabolic, cancer, and geriatric conditions (frailty, cognitive impairment). The person-centered approach includes: (1) Rapid initiation on optimized ART; (2) utilization of PEPFAR's MenStar Strategy to clearly understand men's needs and preferences for services, including linkage, retention and access to optimized ART; (3) differentiated service delivery models expansion, including MMD for eligible patients; (4) TB/STI/NCD integration; (5) AHD management; and (5) intensified patient tracking through psychosocial support agents (PSA) tailored treatment adherence and retention strategies. For adolescents and young men, PEPFAR Cameroon will implement the operation triple zero strategy to ensure adherence, retention and viral load suppression.

Supply Chain Modernization and Adequate Forecasting

Supply chain and commodity management are key factors in meeting the UNAIDS 95-95-95 targets, but Cameroon consistently suffers from challenges ranging from weak supply chain systems to insufficient commodities. Health facilities continue to experience changes in ordering systems from monthly to quarterly and sometimes vice versa, based on stock available at central and regional warehouses. These unstable ordering systems lead to frequent stockouts, incomplete supply of commodities ordered by health facilities and sometimes delivery of incorrect items. As a result, supply forecasting is inconsistent and ineffective. PEPFAR has developed key indicators to monitor and train staff at the facility level on commodity management and proper forecasting, which includes monitoring weekly stock levels, months of stock available, stockouts, number of patients affected by the stockouts, correspondence of quantity ordered to quantity

received, number of facilities overstocked per region, commodities moved within regions, trends in stockouts/overstock of specific regimens by region/district/facility.

During COPs 2020, 2021 and 2022, the GRC had committed to fund more than $20 million worth of ARVs. However, primarily due to the national government's unfulfilled financial contributions, Cameroon has experienced important stock tensions and stockouts of HIV commodities throughout this period, including ARVs, rapid test kits and viral load testing reagents. During COP22, PEPFAR and the Global Fund advocated to the Ministers of Finance and Public Health in collaboration with the National AIDS Control Committee, the Division of Cooperation, and the Global Fund Grant Management Unit for urgent mobilization of these funds. In response beginning in March 2023 the GRC made a commitment for the payment of $5.3 million for ARVs procured through the Global Fund platform, with funds received by the Global Fund in May 2023. For VL products, there remains a gap in full commodities financing, contributing to an anticipated shortage of reagents and consumables and a consequent gap in services from September 2023 onward. This challenging situation has led the country to set lower targets aligned with available funding. PEPFAR will continue to closely monitor commodities supplies and management while advocating for GRC ownership and co-financing of the national HIV program.

The absence of effective quantification committees at the national and decentralized levels is a major obstacle to the coordination of forecasts, monitoring of national supply plans, and mobilization of funding. Additionally, Cameroon lacks efficient Logistics Management Units (LMUs) for the efficient monitoring of national supplies down to the last mile. The regional and district operational levels are ill-informed of the national quantification results and rarely involved in their implementation and monitoring. This leads to irrational use of commodities and imbalances in stock levels. Based on this observation, in COP23, PEPFAR, in collaboration with the Global Fund, will prioritize supporting Cameroon in setting up a functional coordination mechanism for the health technologies quantification, operationalizing both national and decentralized quantification committees, and strengthening existing LMUs for better coordination of forecasts and supply plans at various level of the health system consistent with the 2022-2026 National Strategic Plan for Strengthening the Public Supply Chain of Health Products in Cameroon. The latter emphasizes the repositioning, leadership, and governance of the supply chain at operational level in alignment with current decentralization plans. PEPFAR will do this by gradually supporting the regions and some priority districts with technical assistance for the management of logistical data to inform forecasting, monitoring of orders and distribution, monitoring of quantification results, and supportive supervision to improve site performance. PEPFAR will define a set of performance indicators to assess progress made.

As adequate forecasting is strongly impacted by the availability of quality logistics data - which is still insufficient in Cameroon - PEPFAR will work in collaboration with the Global Fund and other donors to support the country's efforts for the establishment of an efficient, reliable, consistent and harmonized paper and digital Logistics Management Information System (LMIS) that improves evidence-based decision making. This LMIS will be developed in coordination with existing logistics and health management information systems to reduce and eliminate redundancies.

In COP23, to implement the new strategy to modernize the supply chain and facilitate locally-led solutions, PEPFAR will draw on lessons learned from its support to the Littoral Regional Fund for Health Promotion. Established in COP22, the purpose of the Fund is to support local partners to directly engage with the National Center for the Supply of Essential Medicines and Medical Consumables (CENAME), which has the official mandate to oversee in-country logistics and supply. Expanding this support, CENAME and its partners will ensure efficient "last mile" distribution of HIV commodities in collaboration with Regional Funds for Health Promotion across the national territory. An essential element of this collaboration will be the establishment of a formal Public Private Partnership to benefit from the contributions of the private sector for the storage, distribution, and dispensation of ARVs in the private sector.

Laboratory Systems

In COP23, PEPFAR Cameroon will implement strategies to build capacity across the tiered lab system to address gaps identified and operationalize existing coordination bodies both locally and at the level of the region. There is an urgent need to support MOH to strengthen lab systems and services for efficient and effective outcomes. PEPFAR will prioritize the rollout of quality assurance in all labs and community settings, extend the national proficiency testing program to all HIV testing sites, continue supporting all VL and EID reference labs to attain ISO 15189 accreditation, strengthen monitoring and evaluation processes, support resource mapping mobilization and allocation for lab-strengthening activities, and strengthen the capacity of the National Public Health Laboratory to meet ISO 17043 and 15189 standards. In collaboration with Global Fund, Clinton Health Access Initiative, and other stakeholders, PEPFAR Cameroon will develop a national LIS system with a national dashboard for data availability and usage, improve information flow between supply chain partners and laboratory team (lab/clinic interface) and build partnerships with Integrated Diagnostic Consortiums. The success in implementing these strategies will depend on key policy shifts and advocacy in the following areas: creation of a lab technical working group (LTWG) certification and accreditation body, enforcement of laboratory policy to support adherence to quality management standards, creation of an NPHI for global health response and preparedness, and collaboration with other regional lab partners. We will build strong partnerships through south-to-south collaboratives with regional lab stakeholders such as ASLM, FIND, Africa CDC and CDC headquarters. This will further strengthen multiplexing and systems integration for sustainable sample collection networks, supply chain, data connectivity and waste management.

Viral Load, Early Infant Diagnosis, and the Laboratory System

From FY22 Q3 to FY23 Q1, the Cameroon program suffered several challenges with stockouts, leading to interrupted VL testing services and backlogs exceeding 70,000 samples stocked in reference laboratories as well as satellite laboratories across the country. The overall VL coverage for FY23 Q1 was 60%, with less than 50% coverage in some regions (some of which could be attributed to start up challenges in regions receiving PEPFAR support for the first time). VL coverage for PBFW at FY23 Q1 was at 55%. Other major factors impacting VL coverage include the civil unrest in the Northwest and Southwest regions, armed conflict in the Far North region and the poor distribution of platforms as seen in Littoral. In COP23, PEPFAR will support strengthening VL sample collection at the community level, reinforce the laboratory-to-clinic

interface, improve monitoring sessions to reduce backlog and VL turnaround time through the Extension for Community Healthcare Outcomes virtual platform, provide transport reimbursement to clients who come for collection of VL, provide communication credit to VL reference labs to communicate critical results, and revise Diagnostic Network Optimization (DNO) to address gaps in VL testing, equipment distribution, sample transport and operationalization of lab networks.

At the end of FY23 Q1, data showed improved VL suppression amongst eligible clients who had access to VL testing, and that 70% of the PEPFAR-supported areas had VL suppression numbers greater than 90% except the East, Adamawa, and the North regions. Upon further analysis, PEPFAR identified age disparities, with pediatric patients contributing most to the low suppression rates in these regions. Challenges affecting VL rates included the absence of decentralized pediatric services and the lack of availability or the poor distribution of optimized pediatric ART. In COP23, PEPFAR will strongly advocate for the availability of optimized pediatric regimens, roll out updated policy and practices on ART initiation counseling, and implement specific strategies for sub-populations with low VL suppression, such as expert clients and viremia/adherence clubs. The program will coach healthcare workers in VL literacy and VL results interpretation as well as systematic implementation and monitoring of all patients with high viral load. PEPFAR will also support a national sensitization and training campaign on U=U messaging. To ensure health equity for priority populations, decentralized blood collection services will be used to reach underserved populations. PEPFAR will mitigate difficult access to certain regions through the increased use of solar panels and innovative collaborations with partners who can exploit efficient and sustainable sample transport systems with mechanisms to track all specimens from pick up to results delivery.

PEPFAR Cameroon supports implementation of the EID program in most health facilities and, although POC platforms have been distributed to support this initiative, EID coverage at two months remains low (56%). This low coverage is tied to supply chain and commodity management challenges, poor coordination of programs, and weak alignment of resources. Other major challenges include a nationwide inability to manage waste generated from GeneXpert machines and the use of several parallel sample transport systems. In COP23, PEPFAR will strengthen partner collaborations and support enforcement of existing policies related to testing of children within the two-month timeframe and to the prioritization of POC platforms for key and priority populations. PEPFAR will establish innovative partnerships with manufacturers such as cement factories to support mapping to assess the number, types and capacity of incinerators in country.

Strengthening Laboratory Systems to Support TB Diagnosis

In COP 23, PEPFAR will support the National TB Program to scale up TB infection prevention and control strategies; develop and implement policies, guidelines and prevention messaging; support infrastructure upgrade and strengthen integrated diagnostic capacities including promoting multiplexing to improve on testing services; support capacity-building efforts and strengthen supply chain for TB commodities to avoid stock tensions; and support the national program to strengthen interoperable data management and reporting systems. In the last few years, tremendous efforts have been made to accelerate access to HIV and TB diagnostics in the general population, but gaps remain among priority populations and with existing diagnostic capacity and infrastructure. Initially most TB cases were diagnosed using smear microscopy, but

today there are molecular techniques and other highly sensitive methods which are being used. In COP23, PEPFAR will support scale up of infection control and implement innovative TB diagnostics to replace traditional microscopy. Implementation of integrated testing services and multiplexing will improve TB diagnoses and significantly reduce the rate of false positives.

DNO or Lab Network Continuous Quality Improvement

In past years, CDC has led DNO activities in collaboration with other donors to guide decision making regarding equipment purchases. However, these activities have not been adopted by the host government and equipment optimization is suboptimal. In December 2022, with support from CDC headquarters, the CDC country program worked closely with MOH to strengthen the capacity of MOH teams within NACC, the Department of Pharmacy, Drugs and Laboratories, and the Department to Fight against Illness, Epidemics and Pandemics. Currently, MOH is taking the lead in conducting assessments towards completing a DNO activity which will inform testing capacity and create efficiencies. In COP23, PEPFAR will continue to work with MOH in collaboration with other donors and the National TB Program to transition to integrated diagnostics and multiplex testing to address multiple diseases. This will eventually open the door to 100% EID, VL and TB testing coverage and return of results within stipulated turnaround times. PEPFAR, Global Fund and Clinton Health Access Initiative are leading efforts to ensure DNO is an ongoing activity and that data generated is used appropriately to inform and improve diagnostics in Cameroon. Strategies planned for COP23 will focus on ensuring that data for key DNO indicators, such as capacity of these platforms, location, functionality, HRH, multiplexing, and geocoordinates, will be analyzed and reviewed annually for CQI.

Strengthen HIV Services within Cameroon Defense Forces

To improve quality of sustainable person-centered service delivery, the Military HIV Program will rehabilitate and restructure 22 military health facilities to provide joint integrated chronic disease management, including HIV, hypertension, diabetes, and Hepatitis B. In addition, the Program will establish an Extension for Community Healthcare Outcomes virtual hub at the Directorate of Military Health and 15 spokes at the five military regions and 10 military health sectors to support continuous, low-cost human resource capacity-building.

Pillar 4: Transformative Partnerships

PEPFAR has contributed to the reduction of HIV prevalence and mortality rates in Cameroon. However, there is still a long way to go. The program has focused on achieving and maintaining epidemic control by scaling up HIV prevention programs, increasing access to ART, strengthening the health system, and developing innovative and effective strategies to reach key populations such MSM, sex workers, and PWID. The program has faced significant challenges, including limited resources, inadequate infrastructure, and inadequate coverage in rural areas. These challenges highlight the need for increased partner government leadership in the program to sustain and expand the progress made thus far. Even though the Cameroon government's leadership has been crucial to the success of the program so far, their role needs to be strengthened. In COP23, PEPFAR will work to increase GRC's leadership through various strategies.

Government Leadership

Partner government leadership means strengthening the government's capacity to lead the health response, incorporating the local population's needs and the health systems' needs, and enabling coordination with all key stakeholders. In addition, the Cameroonian government's leadership will foster effective coordination among stakeholders, promote better communication and information sharing, and promote a better understanding of the healthcare system's needs. PEPFAR Cameroon will work to empower the GRC to take on more responsibility for the program, including management and decision-making. This will ensure that the government of Cameroon has a more significant and central role in the program, and that they have greater control over resources and interventions. Furthermore, empowerment will facilitate greater accountability and promote country ownership and sustainability.

Aligning PEPFAR's Priorities with Cameroon's Strategic Priorities

PEPFAR Cameroon will align PEPFAR interventions with the national strategic plan, which entails partnering with the government to scale up the delivery of HIV services, particularly in areas where there is a gap between service delivery and need. A collaborative approach will ensure that programs are sustainable and supported by the government's health structures. Additionally, this alignment and coordination will help to address the shortage of healthcare workers in the country, while strengthening the health system's capacity to provide quality healthcare.

Engaging Stakeholders

PEPFAR will redouble its efforts to strongly engage government officials, health workers, CSOs, and KP in this next phase of the HIV epidemic response in Cameroon. Collaboration with all stakeholders will be crucial to the success of the program, and it is essential to involve them in decision-making processes to ensure buy-in and that interventions meet the needs of communities. Partnering with stakeholders also enhances ownership and accountability of the program from the people whom it serves. Below are key examples of enhanced stakeholder engagements in COP23:

- Annual national HIV planning symposium coordinated and led by the NACC to bring multi-sectorial stakeholders together to review progress in the national HIV response including benchmarks for the sustainability road map and operational plan alongside review of the NSP targets
- Quarterly review meetings between the NACC and implementing partners
- Facilitated dialogue between civil society and the NACC with a focus on equity issues
- Enhancement of formal dialogue and planning platforms between PEPFAR and multi-lateral entities such as Global Fund and the UN agencies
- Engagement of the national EOC for the planning, coordination, and monitoring of the national Pediatric Surge and the second round of the CAMPHIA

Additionally, ongoing engagement of the NACC and national stakeholders in the annual microplanning done by the clinical partners will be enhanced.

Strengthening Partnerships

PEPFAR Cameroon has already established relationships with multiple key CSOs, non-governmental and multilateral organizations, and religious organizations. These partnerships will be strengthened and extended to the private sector and local government to improve the sustainability of the program. Health systems strengthening is critical to achieving the HIV/AIDS response's goals, requiring significant investments in infrastructural improvement, laboratory and diagnostic services, and increased staffing. Strong partnerships will facilitate greater access to resources, improve efficiency, and provide opportunities to expand interventions. Examples of new and strengthened partnerships include:

- Establishment of a strategic partnership between UNICEF and PEPFAR on the clinical pediatric portfolio to ensure synergies between the HIV activities and other child health activities. For example, UNICEF has new activities with private funding for the "First 1000 Days" initiative to provide comprehensive health services to mother-baby cohorts from the pregnancy to when the child is two years old. PEPFAR clinical partners will leverage other externally funded child health activities such as for nutrition and immunization to also reach mothers and children with HIV services for PMTCT and EID.
- UNICEF and PEPFAR have agreed to collaborate in collectively identifying private sector funding and private foundation grants to support intensified pediatric HIV services that can also yield multiplicative benefits in other child health areas such as immunization and nutrition.
- During the national Pediatric Surge, PEPFAR and GRC will partner with private companies to secure in-kind donations or services. For example, telecommunication companies will be approached for in-kind contributions of phone/data credit to support staff for Surge activities. Fuel companies can similarly be approached to provide fuel vouchers as in-kind contributions to support the movements of EOC staff during Surge activities at the community level.
- During the CAMPHIA, PEPFAR will enter new partnerships with a national network of GRC labs that will dually benefit the CAMPHIA's sample processing, transporting, and testing, while also strengthening the capacity of government labs.

Pillar 5: Follow the Science

In COP23, PEPFAR Cameroon will use data and science with a dual purpose to evaluate progress in the national HIV epidemic and to inform more targeted interventions for closing equity gaps and sustaining the gains towards epidemic control. COP23 will include the following science activities:

1. Launching another round of the CAMPHIA among adult PLHIV to evaluate progress in the national HIV response and inform targeted interventions in the next phase of the response to achieve and sustain epidemic control.
2. Conducting a Seroprevalence and Behavioral Epidemiology Risk Survey among the military population to guide more targeted interventions and evaluate progress among this sub-population.

3. Improving the quality of recent HIV surveillance in existing sites while strengthening of capacity for decentralized partner-led implementation of recency surveillance.
4. Strengthening case-based surveillance systems, including for pediatric case surveillance, to improve routine surveillance of HIV and HIV/TB.
5. Providing technical assistance to the design and implementation of a Stigma Index Assessment funded by GIZ, UNAIDS, and other partners.
6. Leveraging behavioral science approaches to conduct low-cost, context-specific rapid behavioral assessments to identify barriers and opportunities related to stigma, identification, linkage, and retention.
7. Planning and implementation of a PMTCT cascade evaluation.
8. Ongoing monitoring and management of advanced HIV disease, including improved mortality surveillance.

A follow-up CAMPHIA is a major priority for COP23 for several reasons. First, the previous CAMPHIA was completed 5 years ago, and data may now be outdated. Furthermore, programmatic data suggest substantial progress toward the 95-95-95 targets for epidemic control, but CAMPHIA data from the community will measure such progress, identify existing gaps, and inform equitable delivery of targeted interventions to reach the last mile in Cameroon's journey toward epidemic control. Lastly, the CAMPHIA will provide data from communities that can be used to triangulate with the existing routine surveillance and monitoring and evaluation data (mostly from health facilities) to better assess the status of the HIV epidemic response.

In COP23, PEPFAR will also support the Directorate of Military Health to implement an HIV and hepatitis Seroprevalence and Behavioral Epidemiology Research Survey (SABERS) among Active-Duty Military personnel. SABERS includes modules on the standard 95-95-95 cascade, HIV knowledge and attitudes, risk perception, prevention adherence and stigma index. In addition, CLM and peer educator programs shall be used to semi-annually monitor stigma reduction activities and their outcomes. A PMTCT cascade evaluation will be done at military health facilities to understand any leakages and risks for mother-to-child HIV transmission, improve program performance, and to prevent pediatric HIV infections, which remains the biggest gap in the Cameroon HIV Program.

PEPFAR Cameroon started HIV recency infection surveillance in COP22 to monitor trends and help inform programmatic decisions and public health response. Recency is currently being implemented in 30 high-volume sites. In COP23, PEPFAR Cameroon plans to amend the protocol to build capacity of partners and MOH for recency surveillance in high volume sites. The program will continue to adhere to current CDC and PEPFAR guidance to strongly discourage and advocate against return of individual results and recording of results in patient charts. The current recent infection testing algorithm incorporating VL test results will be maintained with a focus on quality improvement.

In COP23, clinical sites will integrate HIV drug resistance (HIVDR) as part of enhanced adherence counseling to inform decisions around switching from 2nd to 3rd line ART regimens. Laboratory-based surveillance will be conducted to assess the emergence of Dolutegravir (DTG) – based resistance mutations, especially in the context of >75% of clients now switched to Tenofovir/Lamivudine/Dolutegravir (TLD). Existing planned assessments such as the CAMPHIA

will be leveraged to further understand HIVDR at the population level, and ongoing monitoring and management of advanced disease will inform predictors and risk factors for drug resistance. For example, PEPFAR Cameroon will conduct an HIVDR survey beginning with a few Regions to identify reasons for stagnation in suppression rates among PLHIV on ART over 12 months. Assessments of the C&T program will guide strategies for continuity of care by conducting operational research studies, such as describing patient profiles with interrupted treatment and identifying predictors of time to first-line ART failure and of switching patients from 2nd to 3rd line treatment. Additionally, the collection of mortality data among deceased clients on treatment will be improved; verbal autopsy is currently limited and will be enhanced in COP23.

PEPFAR Cameroon is working to improve data quality – completeness, timeliness, and accuracy – of the health information systems needed for a robust case-based surveillance. This is a top priority for the next phase of the HIV epidemic response in Cameroon. A total of 289 PEPFAR-supported sites are using Data Manager (DAMA), an electronic version of Cameroon's standard national facility registers and reporting tools developed by the Cameroon Baptist Convention Health Services with CDC support. Encompassing nine of the country's 10 regions, there are ongoing efforts to develop a more comprehensive interoperable electronic medical records (EMR) system. When optimized, de-identified patient-level data from DAMA and EMR will be used for case-based analyses of clinical outcomes.

In COP23, there is a plan to utilize evidence from community and behavioral science to improve uptake of HIV services in the general population. This can be done by having sessions with implementing partners where evidence from published/grey literature can be synthesized and recommendations made on how to improve the program. Similar method could be used for key populations. In addition, there is intention to develop and conduct a project on community strategies to improve communication for sexual behavior change. This can be developed in consultation with stakeholders and community representatives.

Strategic Enablers

Community Leadership

CLM is a mechanism through which communities are empowered to design and support the implementation of person-centered HIV responses. CLM programs have the objective of fostering inclusion of affected communities to identify their specific needs and perspectives regarding access, utilization, and quality of HIV services, from which to advocate for improvements. PEPFAR Cameroon CLM was setup to gather quantitative and qualitative data from recipients of HIV services and to hold decision-makers accountable for the provision of quality HIV services. The CLM program for the general population is implemented by a PLHIV network and has been providing routine information on user fees elimination, patient experience and adolescent-friendly access to healthcare services. The KP-led CLM program is implemented through local entities who collaborate with KP peers, unassociated with PEPFAR implementation, to provide information specifically on services targeting KP in community and facility settings. Overall, PEPFAR Cameroon CLM covers more than 400 health facilities and more than 10 community

sites in 147 districts across the 10 regions of Cameroon, reaching a combination of PEPFAR-supported and non-PEPFAR-supported healthcare service sites.

In COP23, PEPFAR Cameroon will continue to support the implementation of CLM through gender-responsive approaches. The program will collect data on the following areas:

- Availability of services and products, including comprehensive and accurate health information, discrimination or denial of services based on factors such as sexual orientation, gender, etc.
- Physical accessibility (opening hours, access for disabled users), financial accessibility (user fees and other expenses), administrative procedures and other identified barriers to accessing health services.
- Experiences of stigma, discrimination or human rights violations, reasons people do not seek or utilize the health services needed and preferences of users in relation to the client-provider interaction; and
- Quality of services as determined by relative wait times, TAT to receive test results, skills and competencies of providers, respect of clinical protocols, hygiene, infection control and safety standards, and use of services from unlicensed providers.

CLM will also aim to strengthen state and civil society interaction to improve access to health services and programs. Community health governance will be reinforced as part of CLM initiatives through horizontal coordination, organizational capacity strengthening and coalition building among and within CSO networks for improved accountability to communities.

Innovation

PEPFAR Cameroon will implement or scale up several innovative strategies to better serve certain populations, including using Chefferie testing and the MenStar Strategy to reach men with HST and support their care and treatment, leveraging a “1x2 approach” to reach contacts of index cases with ICT, and expanding PMTCT services through pediatric training centers of excellence and Mother Mentor programs to retain mother-infant pairs on ART. The Pediatric Surge described earlier will accelerate identification of CALHIV to increase pediatric ART coverage, and the OTZ strategy will help promote viral suppression across this population. To continue serving crisis-hit regions in the country, PEPFAR Cameroon will use virtual GSM to find site-level gaps and provide solutions for remediation.

Leading with Data

As Cameron is getting close to epidemic control, availability and quality of data are of prime importance to inform strategic shifts to target areas with persistent programmatic gaps. The HIV program in Cameroon is still recording a significant number of new cases, though the incidence is decreasing. Zone 1 (Northwest, Southwest, and West regions) reported that in FY22 close to 25% of their total positives were known cases already on treatment. The existing system does not report if a client was previously enrolled. As part of efforts to improve DAMA and EMR

systems, a priority for COP23 is improving data systems to better track beneficiaries and de-duplicate patient records.

Data Needed to Plan and Monitor PEPFAR Programs: For COP23, PEPFAR Cameroon agencies will continue to improve the quality of the data that is used for decision-making by conducting routine DQA and developing corrective action plans to address quality concerns. PEPFAR Cameroon will build the capacity of IP staff through trainings on the most recent version of PEPFAR's Monitoring, Evaluation and Reporting guidance and indicators, and support IPs and MOH in data analysis and data use to strengthen weekly and monthly reporting of custom indicators. The PEPFAR Cameroon clinical program will continue to develop custom indicators that are not found in the MER guide and that will be used to closely monitor the program implementation. Technical teams will analyze weekly and monthly data and incorporate these in a dashboard on a weekly basis to share with IPs. PEPFAR Cameroon will continue to conduct quarterly programmatic review team meetings with IPs and full PEPFAR Oversight Accountability and Review Team meetings with the U.S. Department of State Office of the Global AIDS Coordinator (S/GAC), providing an opportunity for PEPFAR teams and partners to review the data, identify inefficiencies in program implementation, and address these inefficiencies jointly with PEPFAR subject matter experts.

Data Needed to Inform Partner-Country Responses to HIV and Other Public Health Concerns, including Patient and Beneficiary Care: In COP23, PEPFAR Cameroon will also continue to work with UNAIDS and MOH and other stakeholders to ensure availability and improve on the PLHIV estimates at national, regional and district levels through SPECTRUM modeling or other population-based surveys such as CAMPHIA, SABERS and other IBBS which will inform program planning and the level of attainment toward epidemic control. PEPFAR Cameroon will also continue to support NACC with quarterly data validations at the regional level and semi-annual data validations at the national level. For COP23, PEPFAR Cameroon will support GRC efforts in digital health strategy implementation, working closely with relevant MOH departments to set up a central data repository that will include a master patient index and health shared record where patients will be uniquely identified, including biometrics. Support will also be provided to integrate the facility level HMIS such as DAMA and EMR with the DHIS2 through the interoperability layer. Existing systems such as DAMA and EMR will be updated and upgraded to properly document mortality and morbidity for HIV patients as well as other non-HIV comorbidities such as hepatitis and diabetes. EMR and DAMA will also be updated to integrate a laboratory module with the clinical interface to improve test-result TAT and minimize errors associated with manual data entry. PEPFAR Cameroon will also explore the possibility of including commodities management at all levels.

To strengthen data management within the Cameroon Defense Forces HIV Program, PEPFAR will initiate support for the development of a Military Health Management Information System that has operability with DHIS2. This will allow for collection of both sensitive and health-related data at military health facilities, with synchronized reporting of only "non-sensitive data" to the MOH health information systems while sensitive data is kept at the Ministry of Defense for internal decision-making. This Military Health Management Information System will be housed at the existing server located at the Military Research Laboratory (CRESAR). In addition, the program

will build the capacity of 40 military health officers at all levels, from the facility to central level, for collecting, reporting, analyzing, and using data for decision-making.

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

Prioritization Area	Total PLHIV (FY23)	New Infections (FY23)	Expected Current on ART (FY23)	Current on ART Target (FY24) *TX_CURR*	Newly Initiated Target (FY24) *TX_NEW*	ART Coverage (FY24)	ART Coverage (FY25)
Attained	blank	blank	blank	blank	blank	blank	
Scale-Up Saturation	475,955	429,920	403,701	409,200	13,569	95%	
Scale-Up Aggressive	blank	blank	blank	blank	blank	blank	
Sustained	blank	blank	blank	blank	blank	blank	
Central Support	blank	blank	blank	blank	blank	blank	
Commodities (if not included in previous categories)	blank	blank	blank	blank	blank	blank	
No Prioritization	blank	blank	blank	blank	blank	blank	blank
Total	475,955	429,920	403,701	409,200	13,569	95%	blank

Target Table 2 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate* (SNUs)	Disease Burden*	FY24 Target	FY25 Target
PP_PREV	blank	blank	43,315	44,725
KP_PREV	blank	blank	106,522	106,522
PrEP_CT	blank	blank	6,401	6,566
PrEP_NEW	blank	blank	9,879	9,912
OVC_SERV	blank	blank	65,770	65,770

Target Table 3 Targets for OVC and Linkages to HIV Services

SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive Active	Target # of active OVC OVC_SERV Comprehensive Graduated	Target # of active OVC OVC_SERV Preventive	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
# SNUs for focus in FY24	blank	10 Regions	10 Regions	10 Regions	10 Regions
FY24 TOTAL	blank	63,411	1,517	802	42,631
FY25 TOTAL	blank	64,679	1,593	882	43,522

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**: National policy supports implementation of safe and ethical index testing. PEPFAR Cameroon continues to train and provide TA for safe and ethical ICT. These aspects have been integrated into SIMS and GSM, which are assessed during site visits. PEPFAR will continue to ensure that all sites meet and maintain safe and ethical index testing minimum standards. In addition, national policy supports the implementation of self-testing. However, self-test access is limited to persons at least 18 years of age and who are at high risk. Self-testing remains a key tool for hard-to-reach clients. PEPFAR is pushing for policy revision to expand access to self-testing to additional sub-populations.

2. **Fully implement "test-and-start" policies**: In COP23, all PEPFAR-supported sites will continue to assess patient readiness and prepare them for treatment through proper therapeutic education and effective pre/post-test counseling prior to ART initiation; implement same-day ART initiation; and ensure all diagnosed PLHIV are linked to C&T services. The facility-based linkage model will require reinforced physical referrals through peer support. As part of the linkage strategy, healthcare workers will identify and link patients to their preferred facility for ART treatment initiation. The program will provide support to extend the community-based linkage model in association with CSOs in all 10 regions. This will entail strong collaboration and partnership between facility and community, including faith-based organizations and traditional leaders, to improve active linkage of patients identified in the community for treatment initiation. In addition, PEPFAR Cameroon will continue to implement MenStar Strategy to improve linkage and retention among men. Our TX_CURR is showing an increased number of aging (50+) PLHIV mainly due to an improved quality of life-based on an optimized ART regimen. The program will integrate non-communicable disease diagnosis and management.

3. **Directly and immediately offer HIV-prevention services to people at higher risk**: Based on circumstances under which clients are or were exposed to HIV and following national guidelines, individuals at high risk for HIV and who test negative will be immediately linked to prevention services, including access to PEP or PrEP based on need and eligibility. AGYW through facility-led or community approaches will be offered a range of HIV prevention services ranging from behavior change communication activities, life skills, condom use, diagnosis and treatment of STIs, gender-based violence prevention and referrals following HIV testing services. Key populations will directly benefit from combination prevention services that will cut across behavioral and biomedical prevention at both community and facility sites. Structural interventions will be directed towards decision makers and other stakeholders for an enabling environment that will improve KP uptake of HIV services.

4. **Provide orphans and vulnerable children and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**: Children living with HIV and their family members will continue to benefit from child-centered and family-based case management services to support HIV prevention and treatment outcomes. Access to socioeconomic interventions will remain a key priority for the program, including the establishment of multi-sectoral partnerships to strengthen the package of services offered to OVC and their families to meet their identified legal, economic, and educational needs.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public:** The PEPFAR program will continue to work with MOH for the smooth implementation of the national policy to eliminate user fees for HIV services, first enacted in 2020. During COP23, activities will include community-led monitoring of service sites and support for timely reimbursements to those incorrectly charged. The program will also monitor for duplication of efforts among initiatives like Universal Health Coverage and Cheque Sante that also support non-fee-based health services. Monitoring of implementation of user fee elimination policies and other access barriers will be conducted through CLM implemented by members of communities most affected by HIV, including PLHIV, KP, and AGYW. PEPFAR will ensure feedback and reports from CLM activities are shared with GRC, providers and community members, and recommendations to close gaps are put in place at all levels.

6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity:** Provide evidence and support to GRC and other stakeholders to revise policies or laws that negatively affect HIV services uptake (such as limits to populations eligible for PrEP and punitive laws regarding commercial sex and same-sex behaviors), establish minimum packages of services for key and priority populations, and improve access to services. This will include providing MOH and NACC with scientific evidence and tools they can use in multisectoral meetings or the National Assembly (as needed) to discuss policies and laws that need to be changed or revised.

7. **Optimize and standardize ART regimens:** PEPFAR Cameroon aims to reach 95% of PLHIV on TLD-based regimens while maintaining 5% on Tenofovir/Lamivudine/Efavirenz (TLE) by December 2024. PEPFAR will continue supporting MOH in the rollout of the fixed-dose combination of Tenofovir/Lamivudine/Dolutegravir, which is the preferred first-line ART for all eligible PLHIV per WHO July 2021 guidelines. The program will continue to advocate with GRC and all stakeholders to ensure a TLD-based regimen is sufficiently quantified and ordered during national forecasting meetings and to closely monitor availability at site level. Despite significant gains during FY22, retention rates for ART patients were suboptimal. A waterfall analysis of treatment continuity among adult patients in FY22 indicates the primary reasons for patient loss included those who transferred out, those who interrupted ART for more than 6 months, and those who died. As PEPFAR Cameroon aims to achieve its 95-95-95 targets by 2025 and sustain gains thereafter, continuity of treatment supported by a strong patient tracking system is key. PEPFAR Cameroon will continue to improve patient tracking across sites, regions, and zones through the scale-up of an electronic tracking system in high-volume sites within PEPFAR and non-PEPFAR-supported sites, including within the military. Patient follow-up and tracking for missed appointments and accounting for site-level retention will be strengthened, return-to-care efforts will be routinely organized to ensure rapid tracking of defaulters and that patients who interrupted treatment are brought back to care. The program will shift from facility monitoring to focus on patient cohort monitoring by Psychosocial Support Agents, in collaboration with the regional technical group and performance-based incentives to retain PLHIV on treatment. To reinforce patient tracking outcomes and reporting, the program will continue to assign patient cohorts to case managers or Psychosocial Support Agents, dedicated peer navigators, or expert clients.

8. **Offer differentiated service delivery models:** PEPFAR Cameroon will scale up implementation of differentiated service delivery models at facility and community levels in all PEPFAR-supported sites. It will include client-managed groups; facility-based individualized models; out-of-facility community and individual models; and health workers managed groups. While working with GRC and other donors to improve supply-chain management, PEPFAR Cameroon will expand implementation of MMD for three months and other DSD models for stable patients with suppressed VL, and exceptionally for hard-to-reach patients who are unsuppressed, to enhance adherence and retention. Based on commodities availability, PEPFAR will continue to advocate with MOH to expand MMD for all eligible populations and for an increase to MMD for six months for military-affiliated patients; IDPs; difficult to reach patients; long-duration travelers; and long-distance truck drivers. Data collection and reporting of DSD models will be strengthened in all sites. The program aims to expand DSD models from 24.6% (FY22Q4) to 50% in FY24 and to 80% in FY25, pending continuous availability of ARVs at sites. PEPFAR will also support expansion of community ART dispensation, with a focus on strengthening ART refills and patient-centered care for those living in rural areas.

9. **Integrate tuberculosis care**: PEPFAR Cameroon will strengthen TB/HIV integration at all levels of the health system. Core interventions will include improving TB case finding for PLHIV through routine screening for TB disease at all entry points, during facility-led

outreach, and routine community health worker activities in supported health districts. Prisoners will be systematically screened for TB at entry, annually and on exit. The program will assess the quality of TB screening at ART clinics to ensure that screeners ask about individual symptoms (W4SS) and understand cough criteria is “any cough.” The program will leverage on the Diagnostic Network Optimization to ensure that all PEPFAR-supported sites are linked by an integrated sample transport system for HIV (VL/EID) and TB (GeneXpert/TB-LAMP).

The 3-HP Tuberculosis Preventive Treatment (TPT) regimen will be scaled up for eligible PLHIV and TPT will be integrated into available DSD models including MMD. TPT catchup plans will be implemented when stocks allow and household contacts of PLHIV with pulmonary TB will be systematically screened. PEPFAR Cameroon will continue to work with MOH and all stakeholders to ensure the timely availability of TPT drugs in sufficient quantities. To address pediatric TB gaps, TB screening, diagnosis and treatment will target children below 15 years. Child-friendly specimens will be used for diagnosis (e.g., stool, nasopharyngeal aspirates) and CLHIV with presumptive TB will be verified with chest X-rays. PEPFAR Cameroon will continue to leverage the Pediatric Centers of Excellence to build capacity and mentor HCPs on pediatric TB/HIV care. To strengthen TB infection prevention and control (IPC) in health facilities, PEPFAR Cameroon will continue to support the National TB Program to build capacity and use SIMS elements to achieve sustained IPC standards at PEPFAR sites.

10. **Diagnose and treat people with advanced HIV disease:** PEPFAR Cameroon will improve on case identification and management of all patients with AHD. This diagnosis will include all newly identified HIV patients, those already in care, and those who are re-engaging care after a period of ART interruption. This package will follow WHO guidelines, which include screening (clinical with symptoms checklist, CrAg, toxoplasmosis serology, CD4); treatment (tuberculosis, cryptococcosis, severe bacterial infection, and toxoplasmosis); and prophylaxis for major OIs (such as cotrimoxazole, fluconazole, INH), rapid initiation of ART and intensified treatment adherence support, prophylaxis (cotrimoxazole, TPT, etc.). The program will promote the scale-up of the hub and spoke referral system to ensure C&T for all patients with AHD in all PEPFAR-supported sites; the strong collaboration with MOH and other stakeholders to ensure the availability of commodities and good documentation and reporting; the close follow-up on user fee elimination for patients affected by AHD; and the acquisition of CD4 reagents and CrAg and make them available at sites, based on availability of funds.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**: PEPFAR Cameroon will continue to support GRC to lead optimizing diagnostic networks for VL/EID and develop policies to guide its implementation including the road map that has been developed. PEPFAR Cameroon will work with the government of Cameroon and other stakeholders and donors to implement, assess, and regularly report on program standards, systems, and enabling policies that are important in supporting the national HIV response and to ensure the long-term success of PEPFAR-supported HIV programs. PEPFAR will

continue to support the host country to ensure proper coordination, collaboration, and alignment of resources to ensure sustainability and government ownership.

12. **Integrate effective quality assurance and continuous quality improvement practices into site and program management:** PEPFAR Cameroon will assure program and site standards, including infection prevention and control interventions and site safety standards, are met by integrating effective QA and CQI practices into site and program management. QA/CQI will be supported by IP workplans, and the national policy. The program will continue to use SIMS, GSM and DQA as AQ tools at sites and above site level. Virtual GSM will be conducted in PEPFAR-supported sites in the NOSO with travel restrictions due to ongoing insecurity. QA activities will drive CQI for remediation. IPC will be conducted as part of a comprehensive assessment or as a concentrated assessment for consistent evaluation of site safety standards and monitoring infection prevention and control practices. SIMS-MER data will be tracked and triangulated to ensure MPRs are met and verify that foundational elements to attain epidemic control are in place and can sustain quality results into the future.

13. **Offer treatment and viral-load literacy**: PEPFAR Cameroon will continue to strengthen U=U messaging and viral-load literacy that are currently being used across all health facilities, drop-in centers, and community-based organizations, which have already improved adherence to treatment. The program will continue to encourage PEPFAR IPs to translate U=U messaging into different languages to address the clients in their mother tongue while using expert clients to communicate with PLHIV in their preferred languages and at their convenience. Viral load literacy will be intensified through counselling and educational sessions, as well as viral load and U=U campaigns to address questions and concerns expressed by clients and service providers. As understanding and demand for VL testing increase, the program will continue to work with supply chain partners to ensure the availability of ARVs and viral load test kits.

14. **Enhance local capacity for a sustainable HIV response**: All PEPFAR-supported community-based direct service delivery programs are now implemented by local partners, either as direct recipients of awards or as sub-grantees to another local organization. As such, PEPFAR will continue to provide organizational development support to both the new local prime recipients as well as sub-partners. The objective of this TA is to strengthen local organizations' capacity to respond to solicitations; mobilize and manage financial and human resources; and design, implement and evaluate HIV programs supported by PEPFAR and other sources. Additionally, PEPFAR Cameroon will continue to ensure that a majority of resources to local organizations are spent at the level of implementation, including sub-awards.

15. **Increase partner government leadership**: Through a process of engagement, collaboration, accountability and capacity-building, the PEPFAR Cameroon program will continue to support the essential role of GRC leadership in the ownership and sustainability of the national HIV program. Activities to strengthen government leadership at national, regional, district and facility levels include support for HIV-related

policymaking, advocacy, improved logistics and health information management systems, district-level technical assistance, provider trainings, and organizational capacity-building. Increasing the government's leadership capacity will contribute to more effective coordination and accountability among stakeholders, promote better communication and information sharing, and enhance understanding among government officials of the healthcare system's needs. Through this process GRC will play a more significant and central role in the national HIV program, including greater control over resources, planning, and interventions.

16. **Monitor morbidity and mortality outcome**: Monitoring of patient-level morbidity is achieved via routine data collected in health facilities and through electronic systems (DAMA/EMR). The quality of morbidity data will be ensured by conducting assessments and providing recommendations and capacity-building support to improve data quality. Mortality reporting will be improved by ensuring that deaths of PLHIV on treatment is adequately captured and entered into appropriate HMIS, with community verbal autopsies and reports more systematically documented.

17. **Adopt and institutionalize best practices for public health case surveillance:** National HIV case surveillance continues to be constrained by the lack of a standardized unique identifier system that would successfully track individual PLHIV across service sites. However, while the GRC's Universal Health Coverage initiative provides a renewed opportunity to implement a unique identifier system, high quality patient-level data in DAMA, as well as EMR in PEPFAR sites, provide opportunities for analyses once individual patient data are de-identified. Working with WHO in COP23, PEPFAR will support the GRC to formally adopt a national framework for HIV and HIV/TB case surveillance.

USG Operations and Staffing Plan to Achieve Stated Goals

PEPFAR Cameroon has long operated on a lean staffing model and continues to refine its staffing plan to align with the strategic priorities in COP23. Staffing footprint for the OU remains the same as in COP22. Each agency has been tasked by the Embassy Front Office with repurposing and re-aligning existing staff to meet the COP23 priorities and the strategic objectives of Reimagining PEPFAR without staff increases.

PEPFAR Coordinating Office (PCO)

After a year without a PCO Coordinator, the PEPFAR Cameroon interagency team was able to recruit an interim PCO Coordinator in March 2023 through USAID. The permanent PCO Coordinator has been selected and is expected to assume duties before the start of COP23 implementation in October 2023.

Centers for Disease Control and Prevention

CDC-Cameroon is maintaining the same staffing footprint in COP23 as in COP22. On behalf of the PEPFAR-Cameroon interagency, CDC will be conducting a country-led PHIA, so the budget lines for up to four contractors will increase in COP23 to meet the needs of the survey in overall coordination, project management, laboratory, and communications. These term-based contractors will not be under the Chief of Mission authority and will not affect CDC's staffing footprint in Cameroon. Under PEPFAR, CDC-Cameroon has just one vacant PEPFAR position due to the departure of the IT manager in March 2023. The vacant IT manager position will most likely be filled by the beginning of COP23 implementation. CDC is proposing a junior IT assistant position (FSN9) given that the office of more than 30 staff is currently supported by one IT staff. The IT staffing gap poses a substantial risk to CDC when the IT manager is on leave. Given that CDC is on a separate HHS/CDC network off of the Embassy compound, there is very limited IT support that CDC can secure through existing Embassy IT personnel. CDC's COP23 Cost of Doing Business (CODB) will see increases in some cost categories, including a 10% increase in salaries for locally-employed staff (LES) staff, a 19% increase in ICASS (from $1,174,545 to $ 1,401,810), and an 80% increase in office lease (from $42,276 to $76,319). Due to security reasons, including the recent high threat designation in Cameroon by the State Department, the Chief of Mission in conjunction with the Bureau of Overseas Building Operations (OBO) have instructed CDC-Cameroon to co-locate to the New Embassy Compound (NEC). The phased relocation to the NEC may happen as early as FY2025 (Year 2 of COP23) with a current OBO estimated budget of $15M. The relocation budget does not account for the significant increase of future CODB lines such as ICASS and capital cost sharing. Depending on the timelines of the relocation to the NEC, these additional COBD need to be accounted for either in Year 2 of COP23 or in subsequent COP years.

USAID

USAID's overall staffing budget has decreased 8.5%, mostly because USAID will not be the funding agency for the PEPFAR Coordinator position going into COP23 as responsibilities are transferred back to State. In line with PEPFAR's efforts to direct 70 percent of USAID/PEPFAR funds to local partners through direct prime awards to achieve country ownership of the HIV response, USAID has added staffing positions to sustain and improve PEPFAR achievements through local recipients. In COP23, USAID will complete hiring for these additional positions approved by S/GAC in COP22, and more fully optimize its footprint to deliver results in a heavily localized and sustainability-driven operating environment. Nominal increases across some CODB lines represent an 11% increase in FSN salaries and benefits that were approved by post in FY23, as well as annual within-grade increases to staff members.

Department of Defense

The Department of Defense program will maintain its footprint in the ten regions and in 24 sites from COP22. The staffing will remain the same as COP22 levels at two LES.

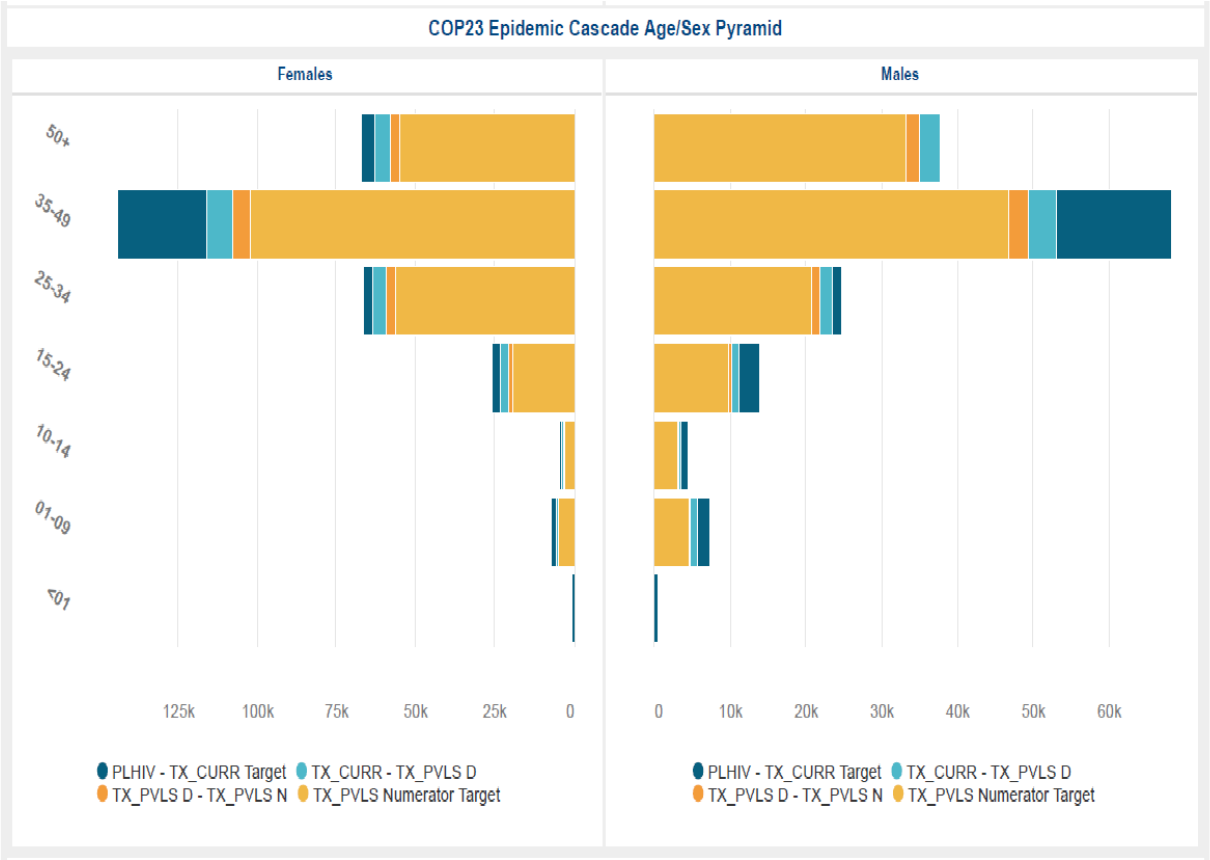
Peace Corps

The Peace Corps Cameroon program currently has 3 filled positions funded by PEPFAR, including an HIV Program Coordinator, HIV Programming and Training Assistant and a Small Grants Coordinator. For COP23 Peace Corps will not be requesting any new positions, as current positions remain adequate to support the PEPFAR program.

APPENDIX A -- PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

Figure A.1 Epidemic Cascade Age/Sex Pyramid



APPENDIX B – Budget Profile and Resource Projections

Tables B.1.1-B.1.4 generated from the SDS Appendix B chapter of the COP 23 FAST Dossier in PAW.

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

	Budget		
Intervention	**2023**	**2024**	**2025**
	$80,441,000	**$99,421,000**	**$89,441,000**
	$80,441,000	**$99,421,000**	**$89,441,000**
ASP>HMIS, surveillance, & research>Non-Service Delivery>Key Populations	$37,500	blank	blank
ASP>HMIS, surveillance, & research>Non-Service Delivery>Non-Targeted Populations	$1,465,174	blank	blank
ASP>HMIS, surveillance, & research>Non-Service Delivery>OVC	$37,500	blank	blank
ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>Children	blank	$190,000	$185,000
ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>Key Populations	blank	$93,750	$0
ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>Military	blank	redacted	redacted
ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>Non-Targeted Populations	blank	$1,345,651	$1,035,915
ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>OVC	blank	$93,750	$0
ASP>Human resources for health>Non-Service Delivery>Military	blank	redacted	redacted
ASP>Laboratory systems strengthening>Non-Service Delivery>Non-Targeted Populations	$256,790	$360,350	$354,554
ASP>Laws, regulations & policy environment>Non-Service Delivery>Key Populations	$100,000	$141,446	$141,446
ASP>Laws, regulations & policy environment>Non-Service Delivery>Non-Targeted Populations	$82,303	$376,990	$226,990
ASP>Management of Disease Control Programs>Non-Service Delivery>Non-Targeted Populations	blank	$588,205	$836,090
ASP>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$557,108	blank	blank
ASP>Policy, planning, coordination & management of disease control programs>Non-Service Delivery>Military	redacted	blank	blank
ASP>Policy, planning, coordination & management of disease control programs>Non-Service Delivery>Non-Targeted Populations	$633,971	blank	blank
ASP>Procurement & supply chain management>Non-Service Delivery>Non-Targeted Populations	$1,320,152	$2,068,132	$2,379,535
ASP>Public financial management strengthening>Non-Service Delivery>Non-Targeted Populations	$112,500	$153,206	$100,000
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non-Service Delivery>Key Populations	blank	$25,000	$0

ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non-Service Delivery>Military	blank	redacted	redacted
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non-Service Delivery>Non-Targeted Populations	blank	$10,300,000	$9,296,783
C&T>HIV Clinical Services>Non-Service Delivery>AGYW	blank	$100,000	$98,392
C&T>HIV Clinical Services>Non-Service Delivery>Children	$178,916	$710,071	$703,698
C&T>HIV Clinical Services>Non-Service Delivery>Key Populations	$284,488	$394,232	$229,137
C&T>HIV Clinical Services>Non-Service Delivery>Military	redacted	redacted	redacted
C&T>HIV Clinical Services>Non-Service Delivery>Non-Targeted Populations	$7,076,025	$6,784,898	$6,865,082
C&T>HIV Clinical Services>Service Delivery>AGYW	$1,040,404	blank	blank
C&T>HIV Clinical Services>Service Delivery>Children	$3,177,121	$3,944,079	$3,250,548
C&T>HIV Clinical Services>Service Delivery>Key Populations	$2,811,216	$1,741,902	$1,793,857
C&T>HIV Clinical Services>Service Delivery>Military	redacted	redacted	redacted
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$16,229,364	$18,177,452	$18,175,325
C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	$2,082,353	$1,643,700	$1,627,570
C&T>HIV Drugs>Non-Service Delivery>Non-Targeted Populations	$97,957	$99,685	$99,685
C&T>HIV Drugs>Service Delivery>Children	$129,074	$1,128,576	$977,716
C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$3,581,634	$554,102	$813,977
C&T>HIV Laboratory Services>Non-Service Delivery>Military	redacted	redacted	redacted
C&T>HIV Laboratory Services>Non-Service Delivery>Non-Targeted Populations	$429,689	$432,479	$436,911
C&T>HIV Laboratory Services>Service Delivery>Military	redacted	redacted	redacted
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$2,619,366	$5,460,546	$4,897,423
C&T>HIV/TB>Non-Service Delivery>Non-Targeted Populations	blank	$733,754	$731,504
C&T>HIV/TB>Service Delivery>Children	blank	$63,786	$102,599
C&T>HIV/TB>Service Delivery>Non-Targeted Populations	blank	$1,152,057	$1,072,375
C&T>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$503,834	blank	blank
HTS>Community-based testing>Non-Service Delivery>Key Populations	$289,686	$251,174	$266,930

HTS>Community-based testing>Non-Service Delivery>Non-Targeted Populations	$118,500	blank	blank
HTS>Community-based testing>Service Delivery>Children	blank	$158,800	$0
HTS>Community-based testing>Service Delivery>Key Populations	$371,560	$387,838	$435,666
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$46,500	$1,457,103	$1,713,727
HTS>Facility-based testing>Non-Service Delivery>Military	redacted	redacted	redacted
HTS>Facility-based testing>Non-Service Delivery>Non-Targeted Populations	$253,846	$170,306	$168,792
HTS>Facility-based testing>Service Delivery>Military	redacted	redacted	redacted
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$3,947,544	$2,445,608	$2,291,307
HTS>Not Disaggregated>Non-Service Delivery>Key Populations	$60,000	blank	blank
HTS>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$249,793	blank	blank
HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$135,758	blank	blank
PM>IM Closeout costs>Non-Service Delivery>Non-Targeted Populations	$762,198	$307,554	$0
PM>IM Program Management>Non-Service Delivery>Military	blank	redacted	redacted
PM>IM Program Management>Non-Service Delivery>Non-Targeted Populations	$12,827,852	$10,698,245	$11,076,304
PM>USG Program Management>Non-Service Delivery>Military	redacted	redacted	redacted
PM>USG Program Management>Non-Service Delivery>Non-Targeted Populations	$6,757,721	$13,428,422	$6,651,604
PREV>Comm. mobilization, behavior & norms change>Non-Service Delivery>Military	redacted	blank	blank
PREV>Comm. mobilization, behavior & norms change>Service Delivery>OVC	$287,398	blank	blank
PREV>Condom & Lubricant Programming>Service Delivery>Military	redacted	blank	blank
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$573,480	$525,000	$524,271
PREV>Non-Biomedical HIV Prevention>Non-Service Delivery>OVC	blank	$318,597	$308,311
PREV>Non-Biomedical HIV Prevention>Service Delivery>Military	blank	redacted	redacted
PREV>Not Disaggregated>Non-Service Delivery>AGYW	blank	$200,000	$0
PREV>Not Disaggregated>Non-Service Delivery>Key Populations	$224,750	$227,595	$189,487
PREV>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$166,168	$171,497	$183,293

PREV>Not Disaggregated>Service Delivery>AGYW	blank	$42,000	$0
PREV>Not Disaggregated>Service Delivery>Key Populations	$598,358	$624,572	$701,594
PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$263,208	$386,588	$412,016
PREV>PrEP>Non-Service Delivery>Key Populations	$78,596	$82,039	$92,156
PREV>PrEP>Non-Service Delivery>Military	blank	redacted	redacted
PREV>PrEP>Non-Service Delivery>Non-Targeted Populations	$80,429	$76,408	$75,178
PREV>PrEP>Service Delivery>AGYW	$364,398	$143,758	$143,384
PREV>PrEP>Service Delivery>Key Populations	$750,023	$318,056	$366,718
PREV>PrEP>Service Delivery>Military	blank	redacted	redacted
PREV>PrEP>Service Delivery>Non-Targeted Populations	$48,218	$134,408	$45,072
SE>Case Management>Non-Service Delivery>Key Populations	blank	$80,294	$80,295
SE>Case Management>Non-Service Delivery>Non-Targeted Populations	blank	$258,880	$279,105
SE>Case Management>Non-Service Delivery>OVC	blank	$1,501,294	$1,449,599
SE>Case Management>Service Delivery>OVC	blank	$3,980,109	$3,829,023
SE>Legal, human rights & protection>Non-Service Delivery>Key Populations	$36,362	blank	blank
SE>Legal, human rights & protection>Non-Service Delivery>Non-Targeted Populations	$157,139	blank	blank
SE>Not Disaggregated>Non-Service Delivery>Key Populations	$42,622	blank	blank
SE>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$26,764	blank	blank
SE>Not Disaggregated>Non-Service Delivery>OVC	$1,332,654	blank	blank
SE>Not Disaggregated>Service Delivery>OVC	$3,262,573	blank	blank

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Operating Unit	Country		Budget		
		Program	2023	2024	2025
Total			**$80,441,000**	**$99,421,000**	**$89,441,000**
Cameroon	**Total**		**$80,441,000**	**$99,421,000**	**$89,441,000**
	Cameroon	C&T	$41,476,549	$44,249,197	$42,993,677
		HTS	$5,564,490	$4,924,626	$4,930,219
		PREV	$3,530,026	$3,350,518	$3,156,480
		SE	$4,858,114	$5,820,577	$5,638,022
		ASP	$4,627,198	$16,294,649	$14,647,482
		PM	$20,384,623	$24,781,433	$18,075,120

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Operating Unit	Country		Budget		
		Targeted Beneficiary	2023	2024	2025
Total			**$80,441,000**	**$99,421,000**	**$89,441,000**
Cameroon	**Total**		**$80,441,000**	**$99,421,000**	**$89,441,000**
	Cameroon	AGYW	$1,404,802	$485,758	$241,776
		Children	$3,485,111	$6,195,312	$5,219,561
		Key Populations	$5,685,161	$4,367,898	$4,297,286
		Military	$1,482,463	$2,187,056	$1,725,056
		Non-Targeted Populations	$61,380,985	$78,647,526	$70,742,818
		OVC	$4,920,125	$5,893,750	$5,586,933
		Pregnant & Breastfeeding Women	$2,082,353	$1,643,700	$1,627,570

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget		
			2023	2024	2025
Total			**$80,441,000**	**$99,421,000**	**$89,441,000**
Cameroon	**Total**		**$80,441,000**	**$99,421,000**	**$89,441,000**
	Cameroon	Community-Led Monitoring	$611,518	$691,446	$741,446
		Condoms (GHP-USAID Central Funding)	$500,000	$500,000	$500,000
		Core Program	$74,474,357	$73,449,554	$73,612,621
		General Population Survey		$10,000,000	$9,000,000
		LIFT UP Equity Initiative		$1,718,000	$0
		One-time Conditional Funding		$6,800,000	$0
		Other Surveys		$462,000	$0
		OVC (Non-DREAMS)	$4,855,125	$5,800,000	$5,586,933

B.2 Resource Projections

Following receipt of the COP23 Planning Level Letter from S/GAC Global AIDS Coordinator Ambassador Nkengasong dated February 15, 2023, the PEPFAR COP23 two-year notional budget for Cameroon was established to be $180,344,000, with Year 1 funding of $90,903,000 and Year 2 funding of $89,441,000, inclusive of all new funding accounts and applied pipeline. The notional budget included $19,000,000 for the CAMPHIA ($10,000,000 in Year 1; $9,000,000 in Year 2) and $462,000 for the SABERS survey in Year 1.

Following subsequent negotiations during the COP23 planning process, an additional $6,800,000 in new bilateral funding was allocated in Year 1 (FY24) to support the CDC Cameroon office relocation to the Embassy compound. Additionally, the Cameroon interagency team was successful in securing $1,718,000 in new bilateral funding from the LIFT UP Equity Initiative to address extra-COP activities for CLHIV, AGYW and KP in Year 1. The one-time $6.8 million conditional funding for the CDC relocation and the one-time $1.7 million LIFT UP award brings the Year 1 FY24 notional budget to $99,421,000. The Year 2 FY25 notional amount of $89,441,000 is pending congressional appropriations and applied pipeline calculations.

APPENDIX C – Above-site and Systems Investments from PASIT and SRE

Health Management Information Systems (HMIS)

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Strategic planning, policy, and governance support	Non-Targeted Populations	New	FY24/C/ROP23	Management and Operations	N/A	$0	N/A	N/A	N/A	PEPFAR led	<5 years	National
Systems development, operations, and maintenance	Non-Targeted Populations	New	FY24/C/ROP23	Management and Operations	N/A	$0	N/A	N/A	N/A	PEPFAR led	<5 years	National
Systems development, operations, and maintenance	Non-Targeted Populations	New	FY24/C/ROP23	Implementation of Electronic Medical Record (EMR) in all PEPFAR supported facilities	Insufficient financial resources to optimize EMR	$385,164	Number of advocacy meetings 4 (1 per quarter) between the Implementing Partner (IP) and MoH	Number of advocacy meetings 4 (1 per quarter) between the Implementing Partner (IP) and MoH	By the end of FY26, 100% of PEPFAR sites will be using EMR	PEPFAR led	<5 years	National
Systems development, operations, and maintenance	Non-Targeted Populations	New	FY24/C/ROP23	Implementation of DAMA/EMR in Zone 1: equipment, maintenance, operations, trainings, connectivity etc.	DAMA, EMR efficiency sub optimal	$150,000	Proportion of health facilities with functional electronic registers	Proportion of health facilities with functional electronic registers (follow on)	By the end of the year FY24, 100% of sites in zone 3 with functional electronic registers	PEPFAR led	<5 years	National
Systems development, operations, and maintenance	Non-Targeted Populations	New	FY24/C/ROP23	Implementation of DAMA/EMR in Zone 2: equipment, maintenance, operations, trainings, connectivity etc.	DAMA, EMR efficiency suboptimal	$130,740	Proportion of health facilities with DAMA/EMR	Proportion of health facilities with functional electronic registers and interoperability layer	By the end of FY24, 100% of sites in zone 2 with functional electronic registers and interoperability	PEPFAR Supported Integration	<5 years	Sub-national
Systems development, operations, and maintenance	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Follow on: Implementation of electronic system in zone 1: equipment, maintenance, operations, trainings, connectivity etc.	suboptimal development of scientific outputs		Not Applicable. Starting FY25	Proportion of health facilities with functional electronic registers	By the end of FY25, 100% of sites in zone 1 with functional electronic registers	PEPFAR led	<5 years	National

Systems development, operations, and maintenance	Non-Targeted Populations	New	FY24/C/ROP23	Implementation of DAMA/EMR in Zone 4: equipment, maintenance, operations, trainings, connectivity etc.	electronic systems efficiency suboptimal	$130,000	Proportion of health facilities with functional electronic systems (DAMA/EMR)	Proportional of health facilities with functional electronic registers and interoperability layer	By the end of FY24, 100% of sites in zone 4 with functional electronic registers and interoperability	PEPFAR Supported Integration	<5 years	Sub-national
Systems development, operations, and maintenance	Non-Targeted Populations	New	FY24/C/ROP23	Implementation of DAMA/EMR in Zone 3: equipment, maintenance, operations, trainings, connectivity etc.	Electronic systems efficiency	$170,710	proportion of health facilities with DAMA/EMR	Proportion of health facilities with functional electronic registers and interoperability layer	By the end of FY24, 100% of sites in zone 3 with functional electronic registers and interoperability	PEPFAR Supported Integration	<5 years	Sub-national
Systems development, operations, and maintenance	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Implementation of electronic system in zone 2: equipment, maintenance, operations, trainings, connectivity	blank	blank	Not Applicable	Proportion of health facilities with functional electronic registers	By the end of FY25, 100% of sites in zone 2 with functional electronic registers	PEPFAR Supported Integration	<5 years	Sub-national
Hardware and IT infrastructure	Military	New	FY24/C/ROP23	Building a one military electronic data collection system that feeds MOD, MOH and donor needs	Data for decision making and integration	redacted	Improved HMIS reporting	Local ownership of HMIS	Localized HMIS solutions	PEPFAR Supported Integration	<5 years	Sub-national
Strategic planning, policy, and governance support	Children	New	FY24/C/ROP23	Implementation of the pediatric training centers of excellence through the district hub and spoke model	Advocacy for hub and spoke on pediatric care	$190,000	n/a	Same	n/a	PEPFAR led	<5 years	National
Systems development, operations, and maintenance	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Implementation of DAMA/EMR in Zone 4: equipment, maintenance, operations, trainings, connectivity etc.	blank	blank	blank	blank	blank	blank	blank	blank

Human Resources for Health

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Institutionalization of in-service training	Military	New	FY24/C/ROP23	Institutionalize in-service training using ECHO platform	Quality work force to maintain gains	redacted	Set up of 1 hub and 5 spokes ECHO system at central and 5 military health regions	Set up additional 10 Echo spokes in 10 Military Health Sectors	Localized HRH sustainable training system	Partner-Country Led	<5 years	Sub-national

Laboratory Systems Strengthening

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Laboratory infrastructure and equipment management systems	Non-Targeted Populations	New	FY24/C/ROP23	Provide oversight to ensure 90% of PLHIV with presumptive TB are tested with Gene Xpert	45% PLHIV with presumptive TB access gene Xpert	$30,200	Proportion of PLHIV with presumptive TB that had a Gene Xpert test	Proportion of PLHIV with presumptive TB that had a Gene Xpert test	90% of PLHIV with presumptive would have had Gene Xpert test	PEPFAR Supported Integration	<5 years	National
Laboratory infrastructure and equipment management systems	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Continuation -Provide oversight to ensure 90% of PLHIV with presumptive TB are tested with Gene Xpert	suboptimal development of scientific outputs	blank	Not applicable. Starting in FY25	Proportion of PLHIV with presumptive TB that had a Gene Xpert test	By the end of FY25, 90% of PLHIV would have had Gene Xpert test	PEPFAR Supported Integration	<5 years	National

Laws, Regulations and Policy Environment

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Assessing impact of policies and regulations on HIV	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Monitoring of quality services at all PEPFAR supported sites and some non-PEPFAR sites to a total of more than 300 sites. Using site monitors and interviews with PLHIV, others who access HIV service and service providers to assess the quality of HIV services offered and delivered in country	lack of info on costs & program requirements	$176,990	100% of sites being monitored	100% of sites being monitored	Improve the quality of HIV services	PEPFAR Supported Integration	5-10 years	National
Information and sensitization for public and government officials	Non-Targeted Populations	New	FY24/C/ROP23	Address national level policy and legal barriers that lead to inequitable outcomes in the HIV response	National policy and legal HIV barriers addressed	$200,000	At least 1 policy barrier for KP, AGYW and pediatric HIV services access is addressed	At least 3 policy barriers for KP, AGYW and pediatric HIV services access is addressed	Increase in number of policies updated to improve services for KPs, AGYW and vulnerable children, such as Age of Consent or Age of Access, community ART initiation, PrEP expansion and multi-month ART distribution for pediatric and unstable clients. Increase in number of CSOs active in multilateral-convened advocacy platform to address human rights and health priority populations.	PEPFAR Supported Integration	<5 years	National

Management of Disease Control Programs

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Community engagement	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Put in place a strong system to monitor user fees elimination in health facilities and share findings with all stakeholders	lack of financial resources	$88,495	>80% of sites being monitored	>90% of sites being monitored	Availability of free HIV services to all PLHIV	PEPFAR Supported Integration	5-10 years	National
Community engagement	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Support efforts to sensitize local authorities and healthcare workers on the new HIV user fee policy and strengthen coordination with central and regional level government structures to ensure timely reaction to reported violations based on accurate data provided	Legal, policy or regulatory constraints	$88,495	>80% of sites being monitored	>90% of sites being monitored	Universal access to quality HIV treatment and care	PEPFAR Supported Integration	5-10 years	National
Community engagement	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Empower PLHIV and communities to leverage evidence gathered to demand improved access to services	Legal, policy or regulatory constraints	$88,496	Websites and apps created and active	Websites and apps active and utilized	Universal access to quality HIV treatment and care	PEPFAR Supported Integration	5-10 years	National
National strategic plans, operational plans and budgets	non-Targeted Populations	Continuing	FY24/C/ROP23	Technical assistance and capacity building to the GRC for National and sub-national HIV estimates and data use	Lack of optimal electronic data on HIV estimates	$92,047	Number of advocacy meetings per year	Number of advocacy meetings	By the end of FY24, 100% of advocacy meetings implemented	PEPFAR Supported Integration	<5 years	National

Procurement and Supply Chain Management

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Forecasting, supply chain plan, budget, and implementation	Non-Targeted Populations	New	FY24/C/ROP23	Support the country to set up quantification committees that will be decentralized at the operational level for an efficient and effective dissemination of the quantification results and the follow-up of the implementation of the national forecasting assumptions.	Lack of oversight of quantification	$70,000	By FY24, Cameroon's quantification committees will be set up at a national and regional level, leading to efficient dissemination of results.	By FY24, Cameroon's quantification committees will be set up at a national and regional level, leading to efficient dissemination of results.	By FY25, Results from the quantification will be fully disseminated, monitored through the oversight of the quantification committees.	PEPFAR Supported Integration	<5 years	National
Supply chain information systems	Non-Targeted Populations	New	FY24/C/ROP23	Support the country for the redesign of the LMIS/LIMS including the elaboration of a national supply chain M&E plan with agreed-upon performance indicators for all donors and the country	Insufficient availability of logistic data	$150,000	By FY24, Cameroon will have redesigned the LMIS/LIMS and the updated systems will be available and implemented in at least 50% of high-volume sites.	y FY24, Cameroon will have redesigned the LMIS/LIMS and the updated systems will be available and implemented in at least 50% of high-volume sites.	By FY30, the availability of logistics data will be improved by at least 80%.	PEPFAR Supported Integration	<5 years	National
Supply chain information systems	Non-Targeted Populations	New	FY24/C/ROP23	Support the country to evaluate existing solutions for eLMIS and adopt by consensus the best value solution that meets national requirements and complies with the country's digital health plan and start the implementation gradually	Lack of timely and accurate logistic data	$295,000	By FY24, Cameroon will have evaluated the existing solutions for eLMIS and outlined a roadmap to ensure LMIS and eLMIS availability.	By FY24, Cameroon will have evaluated the existing solutions for eLMIS and outlined a roadmap to ensure LMIS and eLMIS availability.	By FY25, 25% of high-volume site will submit logistic reports on time and the accuracy will increase by 30%.	Partner-Country Led	5-10 years	National

Procurement and supply chain strategy	Non-Targeted Populations	New	FY24/C/ROP23	Assess the maturity level of supply chain in Cameroon and develop a framework to address the gaps in alignment with the NSPSCM. Monitor the implementation of the developed framework to address gaps in the supply chain.	NSPSCM is not followed and monitored	$150,000	By FY24, there will have been an assessment of the supply chain gaps and maturity levels. The results are expected to be available by FY24 and will help develop a framework, or roadmap, to address the gaps.	By FY25, the results from the gap assessment will have been used to create a supply chain framework, or roadmap, to address the gaps in alignment with the NSPSCM.	By FY30, through the monitoring and implementation of the supply chain roadmap, the supply chain maturity level will improve to at least level 4.	PEPFAR Supported Integration	5-10 years	National
Training in supply chain systems	Non-Targeted Populations	New	FY24/C/ROP23	Support the establishment of a formal, permanent and sustainable framework for strengthening the Human Resources for health commodities Supply Chain in collaboration with the Directorate of Human Resources; and collaborate with universities to develop trainings curricula on supply chain	Absence of HR strategy for SCM	$200,000	By FY24, Cameroon will have developed standardized procedures and guidelines to improve and monitor essential supply chain operations.	By FY25, through collaboration with universities, supply chain training curricula will have been developed.	By FY30, there will be a strong human resources strategy and supply chain management trainings in place and implemented to capacitate and empower staff working in supply chain.	PEPFAR Supported Integration	5-10 years	National
Forecasting, supply chain plan, budget, and implementation	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Support the country to ensure efficient dissemination and monitoring of the quantification results and the follow-up of the implementation of the national forecasting assumptions.	Lack of implementation of quantification results	blank	blank	By FY25, Cameroon's quantification committees will be set up at a national, regional and some targeted District level, leading to efficient dissemination of results.	By FY25, Results from the quantification will be fully disseminated, monitored through the oversight of the central and operational quantification committees.	PEPFAR Supported Integration	5-10 years	National
Supply chain information systems	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Support the country to implement LMIS/ eLMIS in selected structures	Lack of timely and accurate logistic data	blank	blank	By FY25, Cameroon 50% of high-volume sites will have implemented LMIS and eLMIS.	By FY30, 90% of high-volume site will submit logistic reports on time with an accuracy of 80% at least	PEPFAR Supported Integration	5-10 years	National

Procurement and supply chain strategy	Non-Targeted Populations	New	FY24/C/ROP23	Provide direct support to the Central Medical Store to enable the country to assume increased responsibility for oversight and regulation of its supply chain. This assistance aims to ensure effective Country-led Supply chain service through an institutionalized and decentralized supply chain system .	Insufficient country ownership and accountability	$150,000	By FY24, the supply chain system will be institutionalized at central and regional levels through the setup of Logistic Management Unit (LMU).	By FY25, the supply chain system will be institutionalized and decentralized in at least 30 targeted districts through functional LMUs .	By FY28, at least 50% of the supply chain core functions will be fully managed by the host country to increase country's ownership and accountability.	PEPFAR Supported Integration	5-10 years	National
Procurement and supply chain operations and management	Non-Targeted Populations	New	FY24/C/ROP23	Provide support to CENAME and RFHPs to ensure efficient warehousing and distribution services, while leveraging the private sector through a formal Public Private Partnership	Insufficient W&D in country capabilities	$150,000	By FY24, warehousing and distribution capabilities of CENAME and RFHPs will be assessed, a road map for improvement will be developed and implemented.	By FY25, CENAME and RFHPs will effectively ensure in full and on time Last Mile Deliveries of HIV commodities for at least 80% of the patients on ART in collaboration with the private sector.	By FY28, the stock out rate of HIV tracers' commodities in health facilities will be at 5% maximum	PEPFAR Supported Integration	5-10 years	National
Procurement and supply chain operations and management	Non-Targeted Populations	Follow-on	FY24/C/ROP23	Accelerate the utilization of private sector capabilities through the scale up of the Decentralized Drugs Dispensation (DDD)-Private Pharmacy Model (PPM). This activity aims to modernize the supply chain system through a patient-centered last mile approach	Insufficient SC modernization	$150,000	By FY24, the DDD-PPM will be scaled up from 2 to 4 regions.	By FY25, the DDD-PPM will be scaled up to 6 regions.	By FY28, at least 5% of patients on ART will receive their Multi Month ART through private pharmacies.	PEPFAR led	5-10 years	National

Product selection, registration, and quality monitoring	Non-Targeted Populations	New	FY24/C/ROP23	Support the country's efforts to strengthen the registration of pharmaceutical products and ensure a progressive alignment of donors towards the purchase of registered products	Commodities procured are not registered in country	$150,000	By FY24, all the registration and procurement procedures will be assessed	By FY25, at least 80% of the registration and procurement procedures will be revised according to WHO guidelines and translated in English	By FY28, at least 80% of HIV procured commodities will be registered in country	PEPFAR Supported Integration	5-10 years	National

Surveys, Surveillance, Research and Evaluations (SRE) a.

Activity Category	COP 23 Beneficiary	Status of Activity	Activity Implementation Start	Short Activity Description	Gap Activity Will Address	Activity Budget	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment
Evaluations	Key Populations	New	FY24/C/ROP23	Develop Implementation science to evaluate access to KP services in facility led approach	suboptimal development of scientific outputs	$25,000	Number of scientific mentoring and training sessions per year	Number of scientific mentoring and training sessions per year	By the end of FY24, at least one scientific output should have been made	PEPFAR led	<5 years	Sub-national
Evaluations	Non-Targeted Populations	New	FY24/C/ROP23	Develop Implementation science to evaluate access to KP services in facility led approach	suboptimal production of scientific products	blank	Not Applicable. Starting FY25	Number of health facilities/districts evaluated	By the end of FY25, at least 80% of health districts evaluated	PEPFAR led	<5 years	National
Surveillance	Non-Targeted Populations	New	FY24/C/ROP23	Strengthen support to the Cameroon Government on evidenced based policy and HIV Case-based Surveillance (CBS)	Lack of data on CBS	$200,000	Number of support meetings on CBS between WHO and NACC	Number of support meetings	By the end of FY24, guidelines and tools on CBS available	PEPFAR led	<5 years	National
Surveys	Military	New	FY24/C/ROP23	HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) for Active-Duty Military only.	Military PLHIV estimates and risks to HIV	redacted	SABERS Report	None	Updated estimates of HIV burden in Active-Duty Military across the clinical cascade, and understanding of Behavioral risks to HIV	PEPFAR led	<5 years	Sub-national

Surveys	Non-Targeted Populations	New	FY24/C/ROP23	Implement a country-wide survey to determine the prevalence of HIV and related cascade indicators	Lack of updates on HIV and related indicators	$9,700,000	HIV related indicators	HIV related impact indicators	By the end of FY26, Q4, indicators on HIV morbidity, and impact should be available in all the regions	PEPFAR Supported Integration	5-10 years	National
Evaluations	Non-Targeted Populations	New	FY24/C/ROP23	Develop Implementation science to evaluate access to KP services in facility led approach	Insufficient electronic data	blank	Not Applicable	Number of health facilities/districts evaluated	By the end of FY24, 50% of 10 RDH will have functional electronic systems	PEPFAR Supported Integration	<5 years	National
Surveys	Non-Targeted Populations	New	FY24/C/ROP23	PHIA Contractors salaries	N/A	$300,000	N/A	N/A	N/A	PEPFAR led	<5 years	National

Surveys, Surveillance, Research and Evaluations (SRE) b.

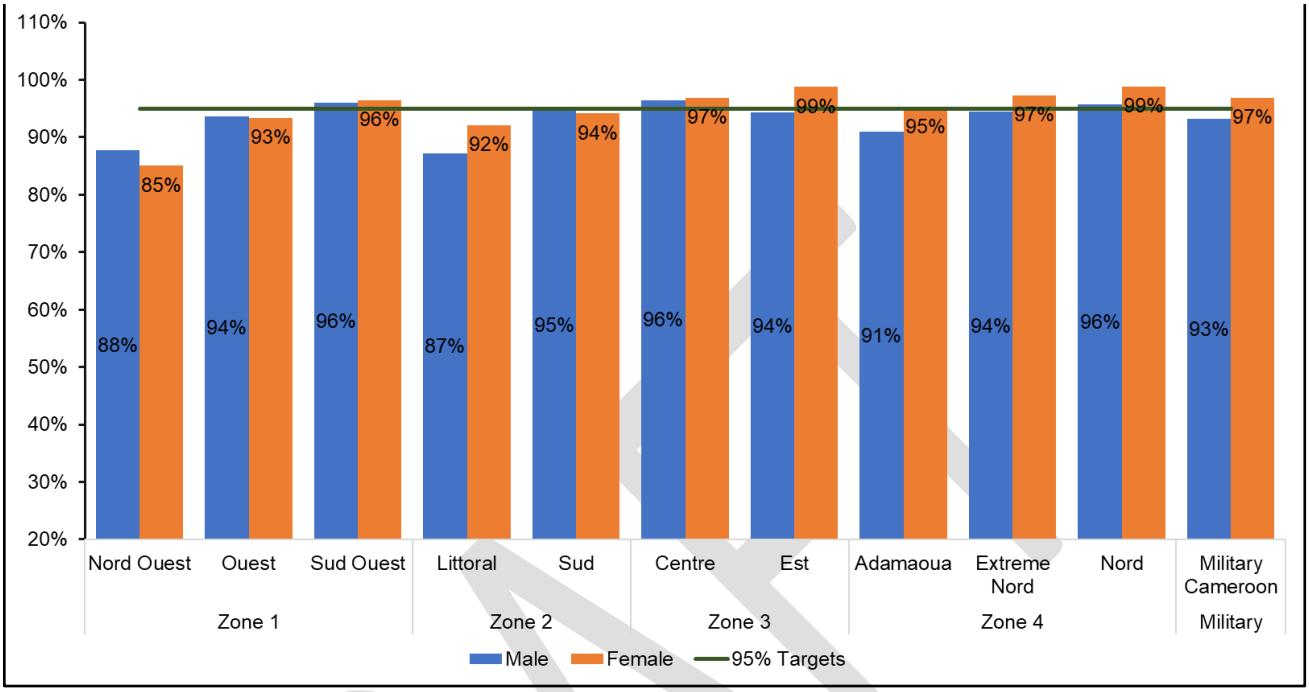
COP23 program area	COP23 beneficiary	Activity description	COP23 activity budget	How does this activity advance COP priorities?	COP year/fiscal year the activity was originally approved
ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Implement a country-wide survey to determine the prevalence of HIV and related cascade indicators	$9,700,000	By the end of FY26, Q4, indicators on HIV morbidity, and impact should be available in all the regions	COP23/FY24
ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Military	HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) for Active-Duty Military only.	redacted	Updated estimates of HIV burden in Active-Duty Military across the clinical cascade, and understanding of Behavioral risks to HIV	COP23/FY24
ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Strengthen support to the Cameroon Government on evidenced based policy and HIV Case-based Surveillance (CBS)	$200,000	By the end of FY24, guidelines and tools on CBS available	COP23/FY24
ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	PHIA Contractors salaries	$300,000	N/A	COP23/FY24

Surveys, Surveillance, Research and Evaluations (SRE) c.

COP23 program area	COP23 beneficiary	Evaluation description	COP23 evaluation budget	COP year/fiscal year the evaluation was originally approved	How does this evaluation advance COP priorities?
ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Develop PMTCT Cascade evaluation	$100000	COP23/FY24	PMTCT implementation will help sustaining the response
ASP: Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Develop Implementation science to evaluate access to KP services in facility led approach	$25000	COP23/FY24	Sustaining the response. Could inform case finding for KPs which will help achieve 95/95/95 targets

APPENDIX D – Supplemental Figures

Supplementary Figure 1: Linkage Proxy by Region, Age, and Sex (FY22Q4)



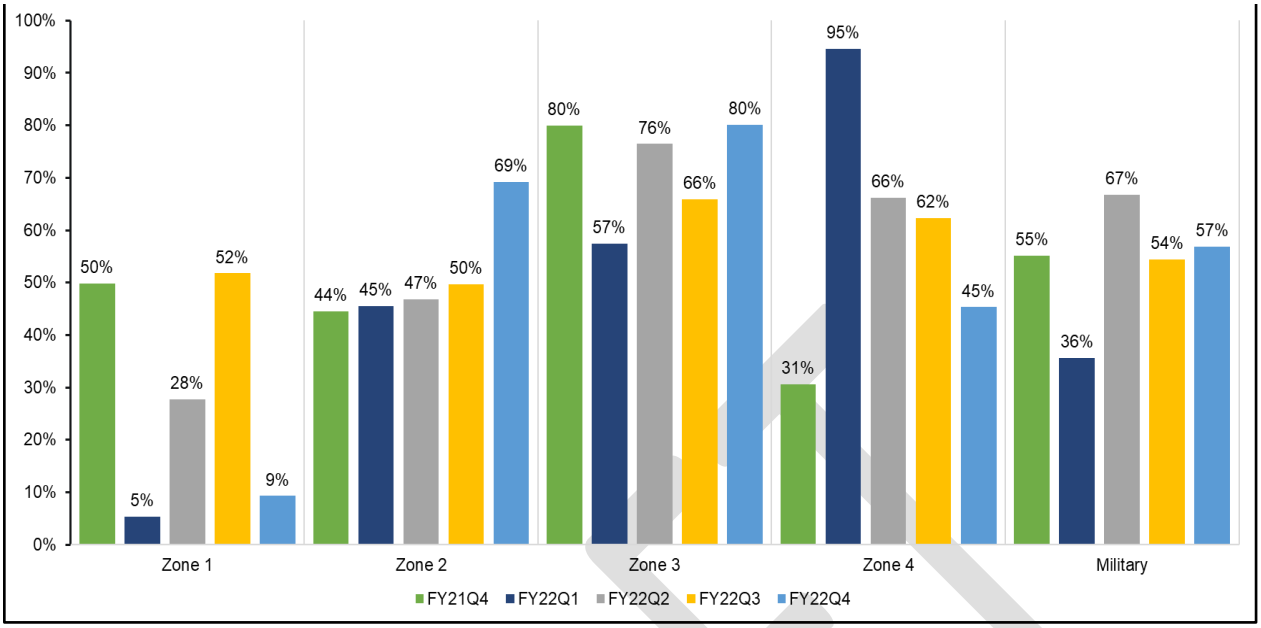
Supplementary Figure 2: ART Gaps by Region, By Age And, By Sex (FY22Q4)

Age	PLHIV		On ART		ART Coverage		GAP 2nd 95	
	Female	Male	Female	Male	Female	Male	Female	Male
Adamaoua	20,029	10,172	15,583	7,371	84%	85%	2,494	1,809
Centre	85,480	45,219	74,901	35,721	95%	94%	2,245	5,089
Est	24,420	12,319	24,164	11,290	106%	106%	-	-
Extreme Nord	19,902	10,610	17,211	8,585	94%	95%	751	991
Littoral	58,007	27,747	50,846	22,062	95%	93%	1,506	2,980
Nord	20,377	10,323	20,048	9,145	107%	106%	-	172
Nord Ouest	29,551	12,787	29,811	11,982	105%	104%	-	-
Ouest	19,722	9,054	21,820	9,171	116%	114%	-	-
Sud	15,368	8,056	14,677	6,890	103%	101%	-	380
Sud Ouest	24,752	12,058	23,418	9,952	102%	98%	-	930
TOTAL	317,608	158,345	292,479	132,169	99%	98%	-	10,738

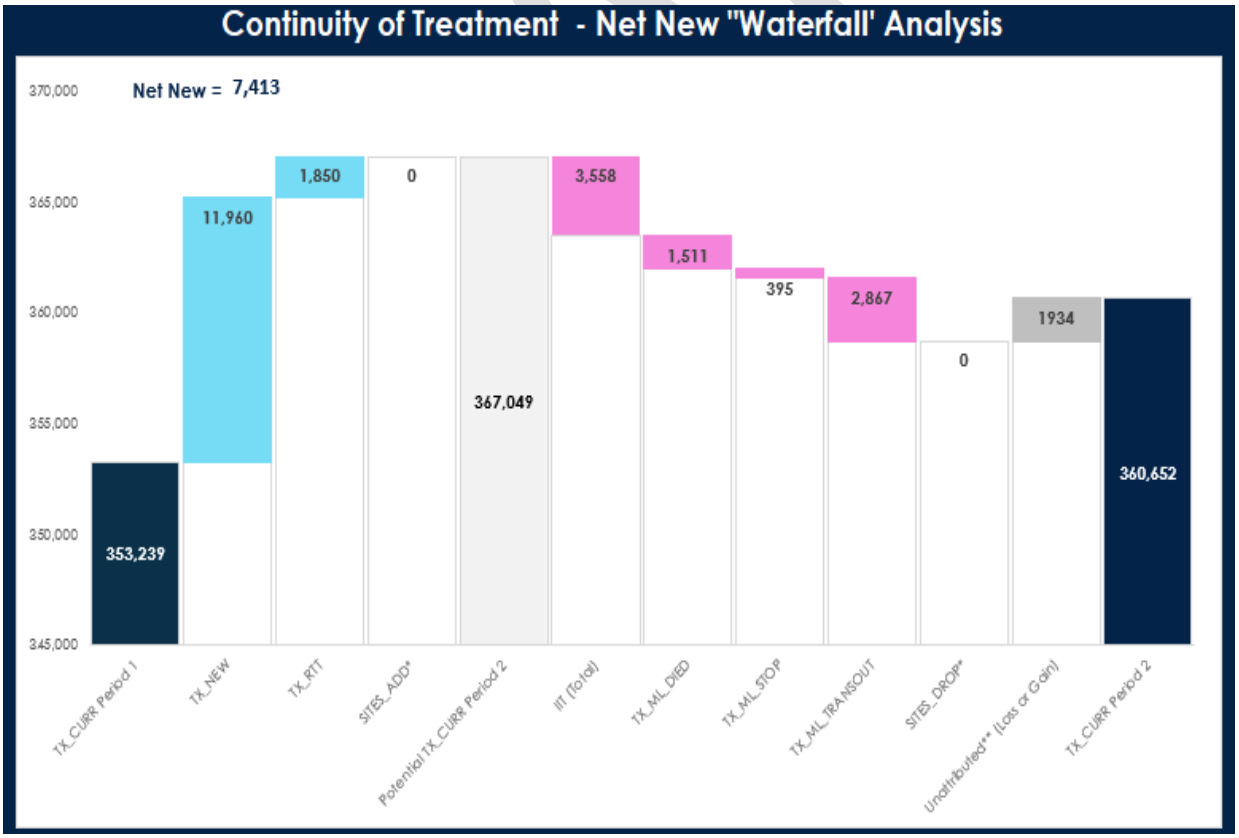
Age	PLHIV		On ART		ART Coverage		GAP 2nd 95	
	Female	Male	Female	Male	Female	Male	Female	Male
"<01"	651	670	222	220	34%	33%	365	385
"01-09"	7,721	7,910	3,414	3,461	44%	44%	3,554	3,678
"10-14"	4,930	5,006	2,065	2,136	42%	43%	2,385	2,382
"15-24"	28,171	14,255	26,531	10,832	94%	76%	-	2,033
"25-34"	70,435	26,608	68,305	22,902	97%	86%	-	1,112
"35-49"	143,643	69,660	135,528	63,125	94%	91%	-	-
"50+"	62,062	34,233	56,414	29,493	91%	86%	648	1,402
TOTAL	317,613	158,342	292,479	132,169	92%	83%	6,952	10,992

	<=75%
	75% - 90%
	> 90%

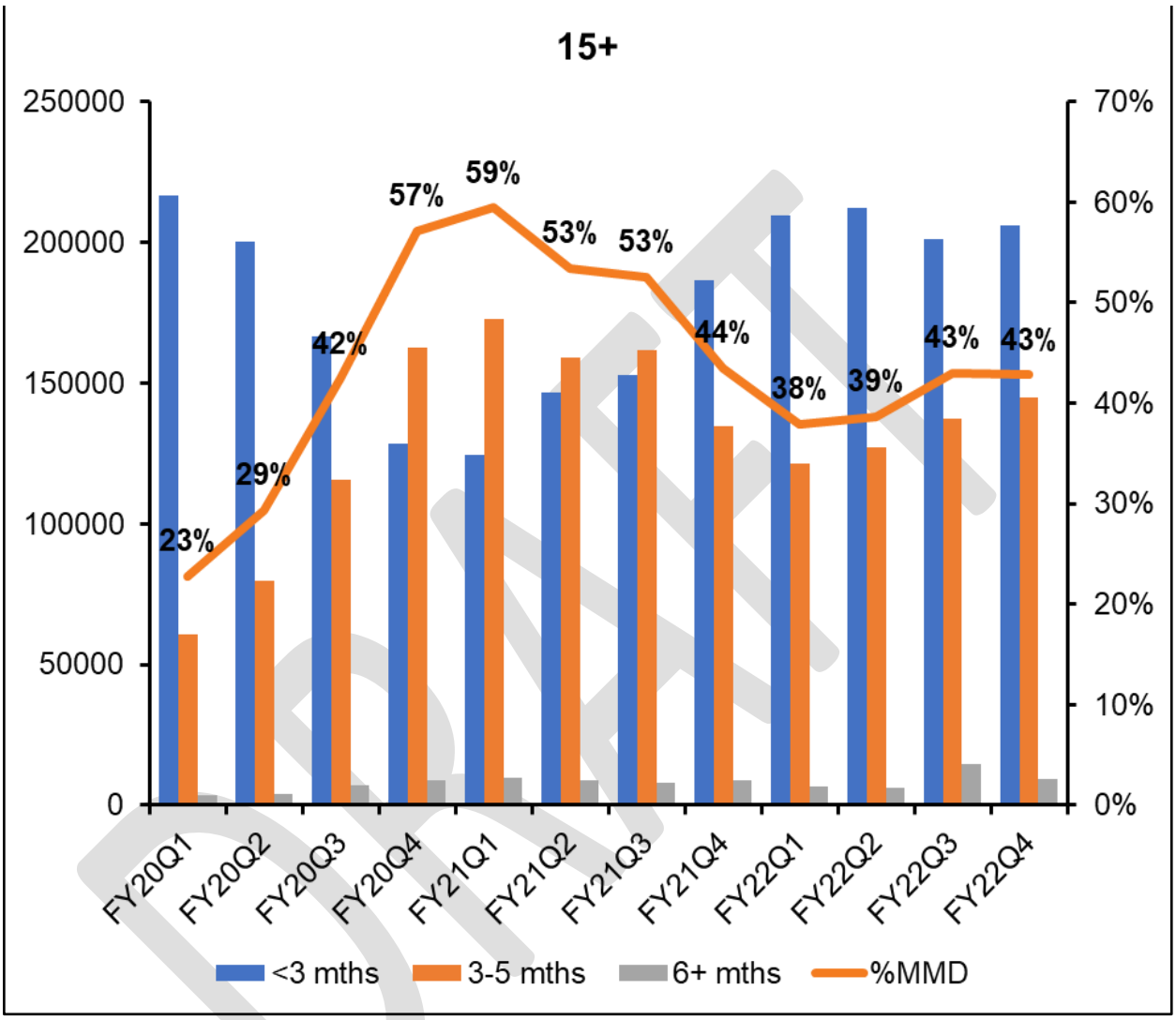
Supplementary Figure 3: Retention Proxy Trend by Zone and Quarter (FY21Q4-FY22Q4)



Supplementary Figure 4: Waterfall analysis for continuity of treatment among adult patients (FY22Q4)



Supplementary Figure 5: Number Contribution of Clients Receiving MMD by Sex for >15 years (FY21Q1-FY22Q4)



Supplementary Figure 6: Contributions of the PEPFAR Cameroon Pediatric surge (2023-2024) towards strengthening the five Strategic Pillars and Enablers